

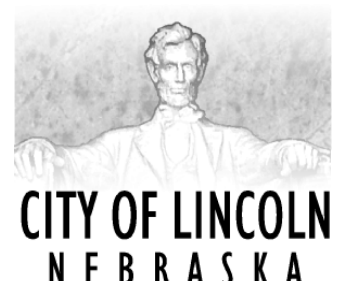
LANCASTER COUNTY

YOUTH RISK BEHAVIOR SURVEY

REPORT (2003)

MAY 2004

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
LINCOLN, NEBRASKA



Youth Risk Behavior Survey

(Summary Report 1991 - 2003)

Prepared by

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Introduction

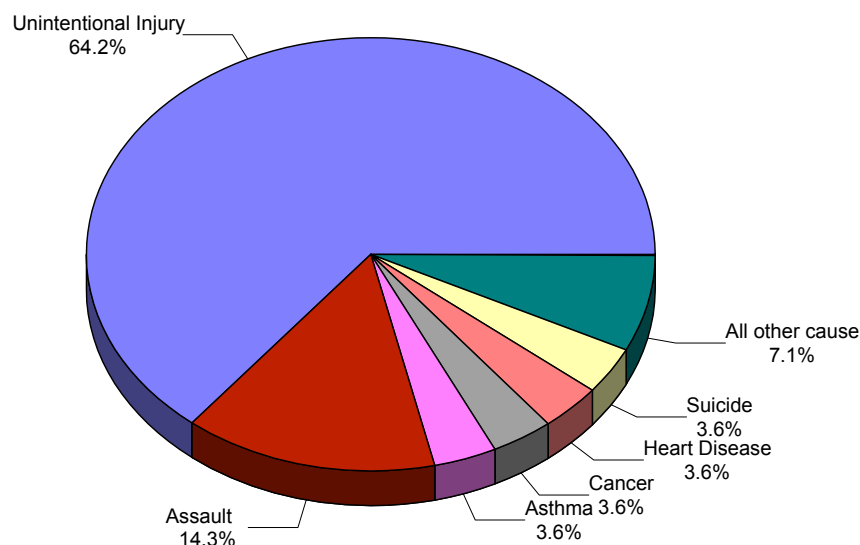
Youth Risk Behavior Surveillance: This summary report presents a comprehensive analysis of trends in youth risk behaviors in Lancaster County, as measured by the Youth Risk Behavior Survey (YRBS) administered in 1991, 1993, 1995, 1997, 1999, 2001 and 2003. Our report covers five areas of health risk behavior: unintentional and intentional injuries, tobacco use, alcohol and other drug use, sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, and physical activity.

This summary report, and the research data it is based on, was facilitated by the existence of a national Youth Risk Behavior Surveillance System (YRBSS). The national YRBS was first implemented in 1990 to measure prevalence among young people of behaviors that put their health at risk. The YRBSS is a coordinated system using a standardized survey tool and sampling methods reproduced in the majority of states and many localities across the United States.

Before the establishment of the YRBSS, there was little information on the prevalence of these important risk behaviors among youth in the United States. Yet these areas of risk behavior are arguably the major precursors to death, illness and disability among Americans, not only in their teen years, but also later in adult life. Injuries alone account for the majority of deaths among youth and young adults under 25 -- in Lancaster County, motor vehicle crashes, other unintentional injuries, assault and suicide accounted for 64.2% of all deaths to those 14 to 24 years of age (see figure below). And although cardiovascular disease and cancer are the major killers of adults, the majority of risk behaviors for these diseases are initiated during adolescence. Unintended teen pregnancy and sexually transmitted disease infection acquired in the teen years cause additional illness among youth, young adults, and their children.

Causes of Death in Lancaster County Years 2002

Age 14-24



The Youth Risk Behavior Survey is an important surveillance, policy, and program management tool for communities, states, and the nation. YRBS data provide quantifiable evidence of serious health risks among youth that demand public attention and public health action. As such, the data are useful in raising public awareness of the extent of youth risk behaviors. YRBS data are tools for policy, helping to identify public health priorities and the survey results support the need for health education and other prevention efforts for children and youth. The YRBS is also a tool for prevention and intervention programs -- the data are instrumental in setting program goals and objectives, monitoring the progress and outcomes of public health and other community action, and implementing or modifying public health programs to address the behaviors of young people in priority issue areas.

Data Collection and Analysis : Local data collection was made possible by the cooperation of Nebraska health officials coordinating the state YRBS, as well as the Nebraska YRBS contractor, the Buffalo Beach Company. The Lincoln-Lancaster County Health Department separately contracted with this company to obtain an “over-sample” of the Lancaster County portion of the state survey. This provides the additional sample size needed to obtain valid county-level statistics.

The Youth Risk Behavior Survey measures the prevalence of health-risk behaviors among adolescents through representative national, state, and local surveys conducted biennially. The national and state surveys use multi-stage cluster sampling to obtain samples of students in grades 9-12 reflecting the geographic, urban-rural, racial, gender, and grade makeup of the population in those grade levels. In Lancaster County, the great majority of public schools (urban and rural schools) have participated every year, with 100% participation in most years. The survey was conducted in randomly selected classrooms of a required period (second or third period). Parental consent was required beginning in 1997. This disrupted the results to some degree, but was carefully considered in the analysis of trends.

This summary report presents the following types of results from the analysis of YRBS data (1991-2003):

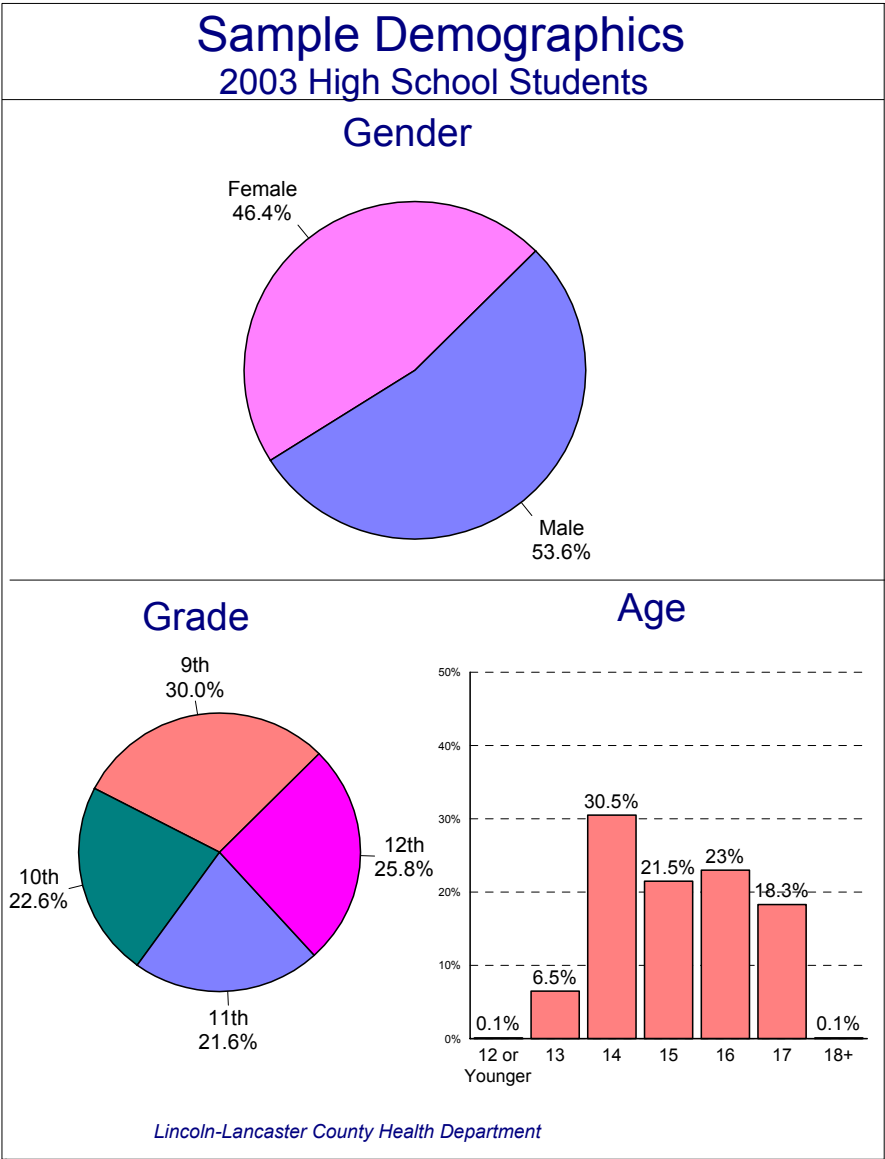
- ' Trends in behaviors from 1991 to 2003 (increases, decreases or unchanged level)
- ' Trends and differences among males and females
- ' Trends and differences among different grade levels

Any statements made in this report about Lancaster County youth risk behaviors, whether changes over time or differences between groups, were based on review of statistically significant differences or changes (at a 95% confidence level) and a critical evaluation of consistent data trends. Our goal is to avoid misleading or invalid data comparisons while presenting the maximum in public health data to meet the wide variety of citizen information needs. All statistics presented are “grade-adjusted” numbers (with the exception of data by grade). This was necessary because of large variations from year to year in the proportion of students in each grade that were surveyed (see Sample Demographics section). Because there are often substantial behavioral differences between students in younger and older grades, these differences in grade composition of the sample from year to year interfered with valid comparison of behaviors between years or demographic groups. Data were therefore “grade-adjusted” to a common weighted grade distribution (1999 National Public Schools enrollment), so that we are comparing “apples to apples”, as it were.

The “grade adjustment” did not affect trend directions, comparisons of male to female students, or overall conclusions from the data. But the procedure did remove bias due to this particular sampling problem, and often helped to smooth out unstable data trends over time.

Sample Demographics

In 2003, of all respondents surveyed (968), 449(46.4%) reported their gender as female and 519 (53.6%) as male. A majority of the survey respondents were from students of 9th grade (30%) followed by 12th grade (25.8%). Over half of these (58.6%) were 15 or younger.



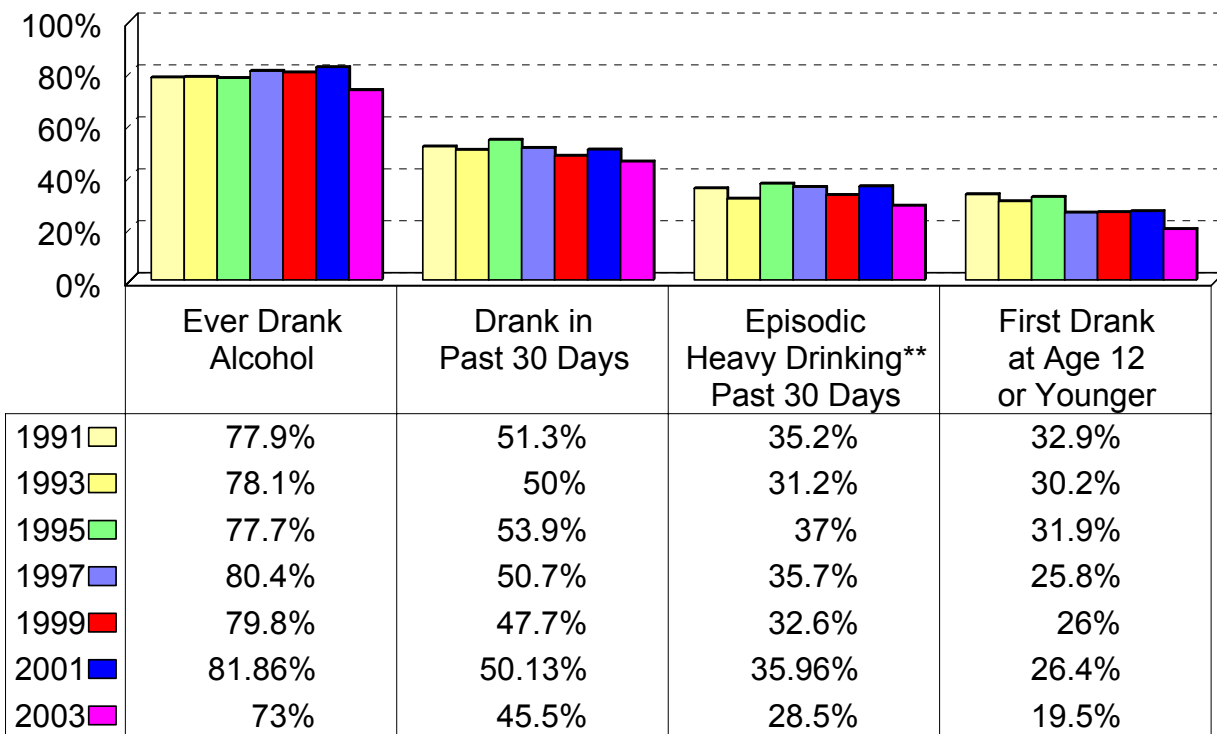
Alcohol

The Youth Risk Behavior Survey includes questions on drinking history, age at first use, current alcohol use, heavy drinking, drinking and driving, alcohol use prior to sex, and drinking on school property. The survey specifies to students that drinking alcohol “includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey” and “does not include drinking a few sips of wine for religious purposes.”

Highlights

- Seven out of every ten (73%) teens reported ever drinking alcohol. Nearly half of them (45.5%) reported drinking in the past 30 days prior to the survey and 28.5% reported episodic heavy drinking (five drinks at one sitting) at the same time. Approximately 19.5% of respondents had their first drink at age 12 or younger.

Figure 1: Alcohol Consumption*
High School Students



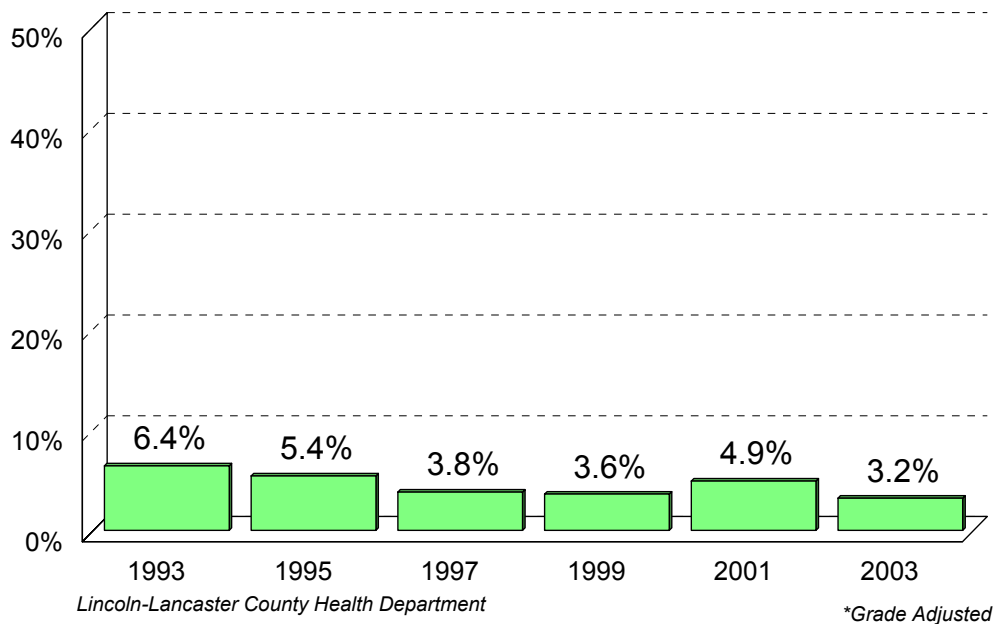
** Five drinks at one sitting

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*Grade Adjusted

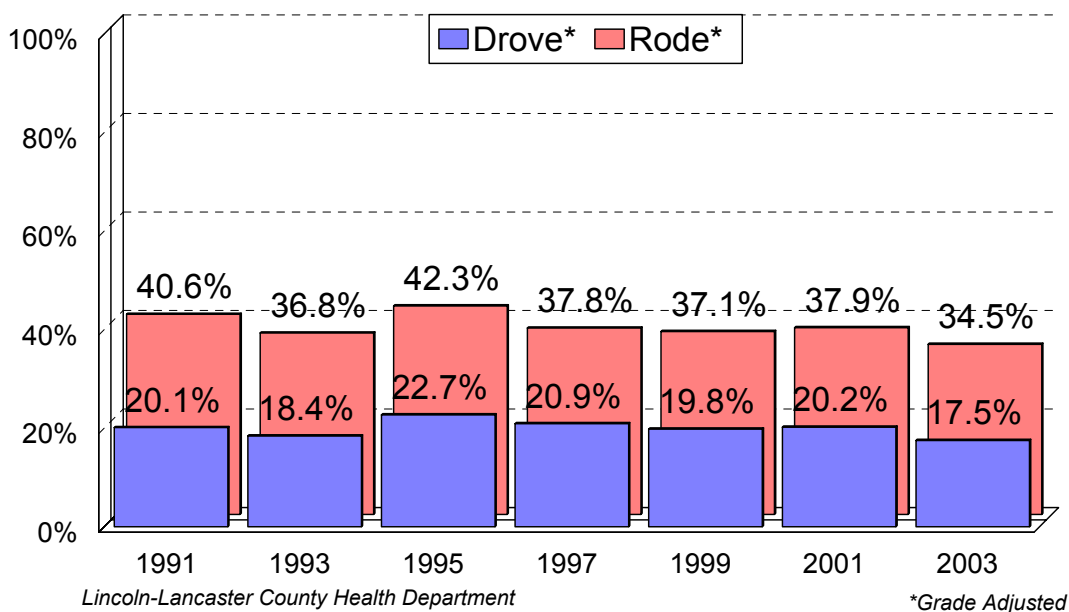
L About 3% of teens reported drinking on school property during the past 30 days indicating a significant decrease since 1993.

Figure 2: Alcohol Consumption On School Property*
High School Students, Reported During the Past 30 Days



L The proportion of teens driving after drinking or riding in a car driven by someone who had been drinking has not shown any significant change since 1997.

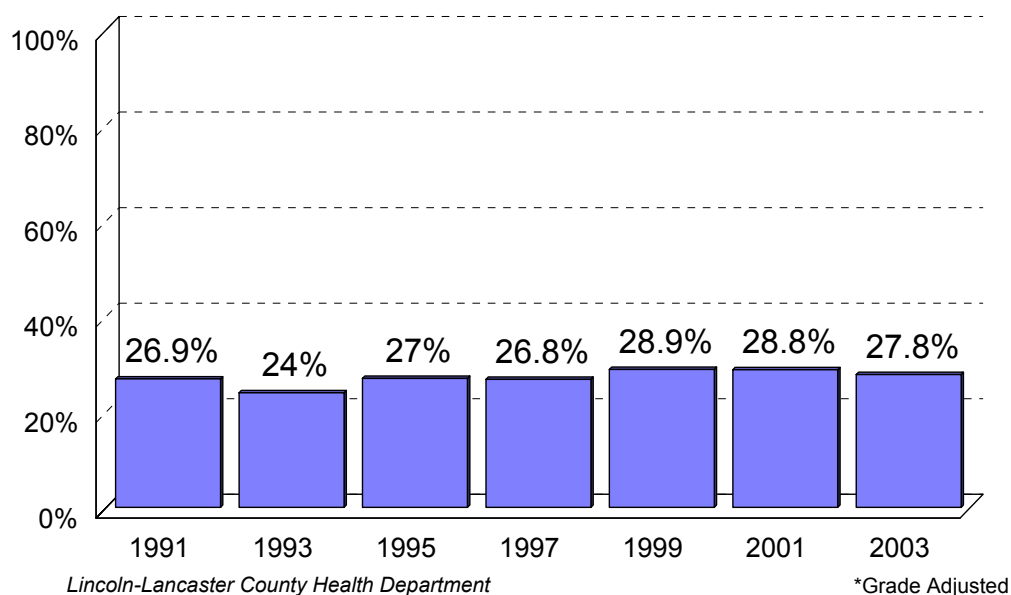
Figure 3: "Drunk Driving"*
High School Students Who Reported That During the Past 30 Days They Drove After Drinking and Rode With Someone Who Had Been Drinking



L Among high school students who reported having sex, 27.8% drank alcohol or used drugs prior to last sexual intercourse. This trend has remained stable since 1991.

Figure 4: Alcohol or Drug Use Prior to Last Sexual Intercourse*

High School Students Who Reported Having Had Sex



L Figures 5,6,7,8 and 9 depict alcohol consumption, age of first alcohol consumption, episodic heavy drinking, drinking and driving, and drinking on school property by gender of the survey respondents.

Figure 5: Alcohol Consumption*

2003 High School Students

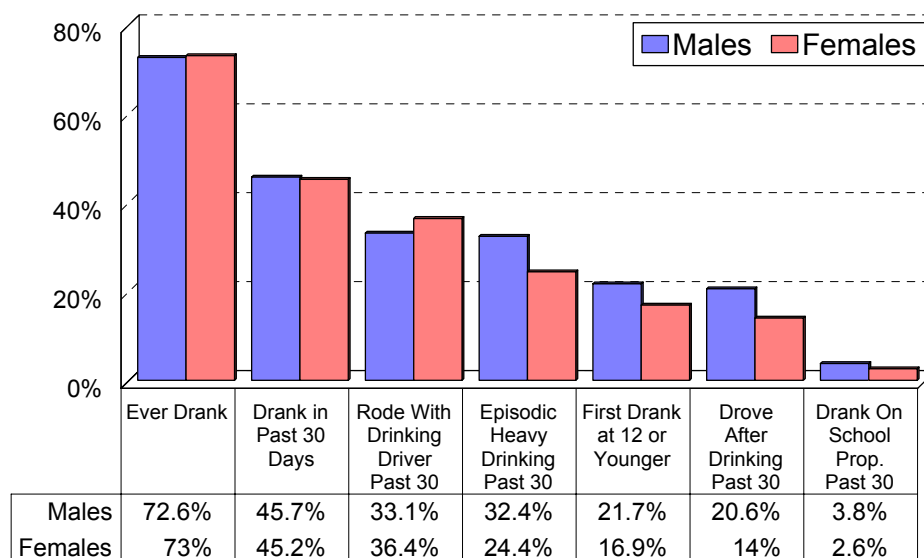
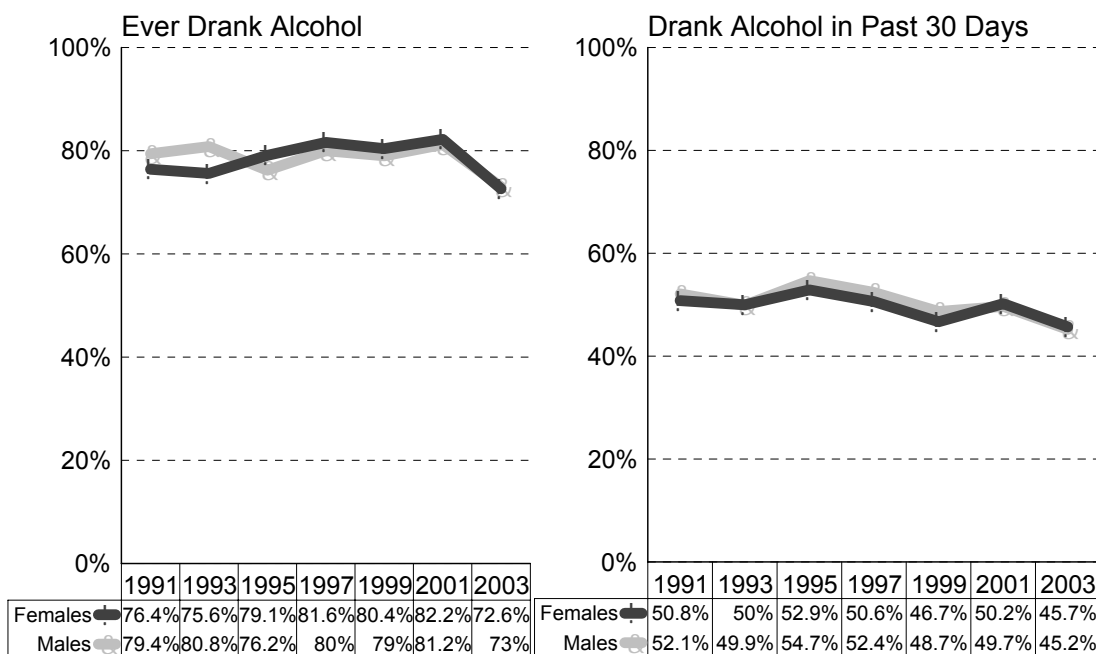


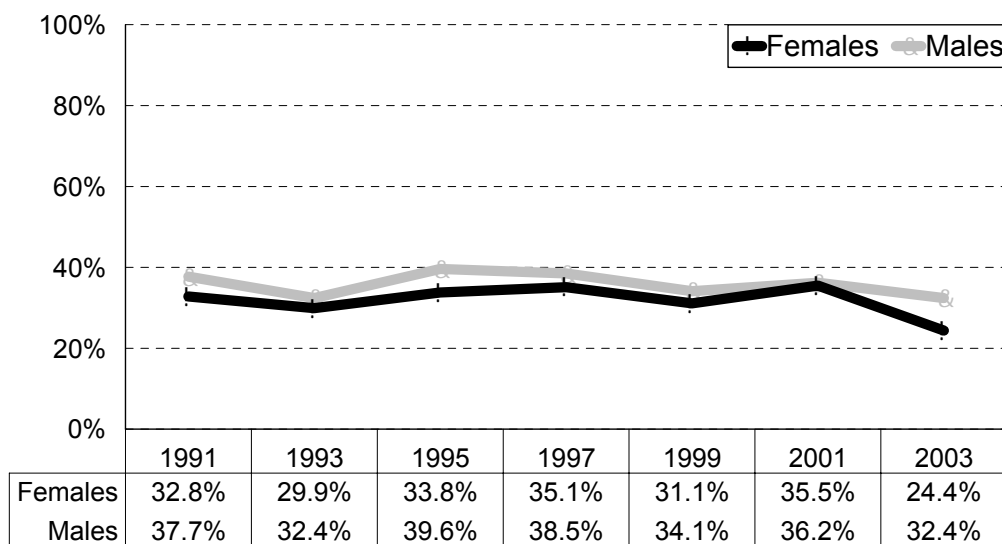
Figure 6: Ever/Recently Drank Alcohol*
High School Students



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*Grade Adjusted

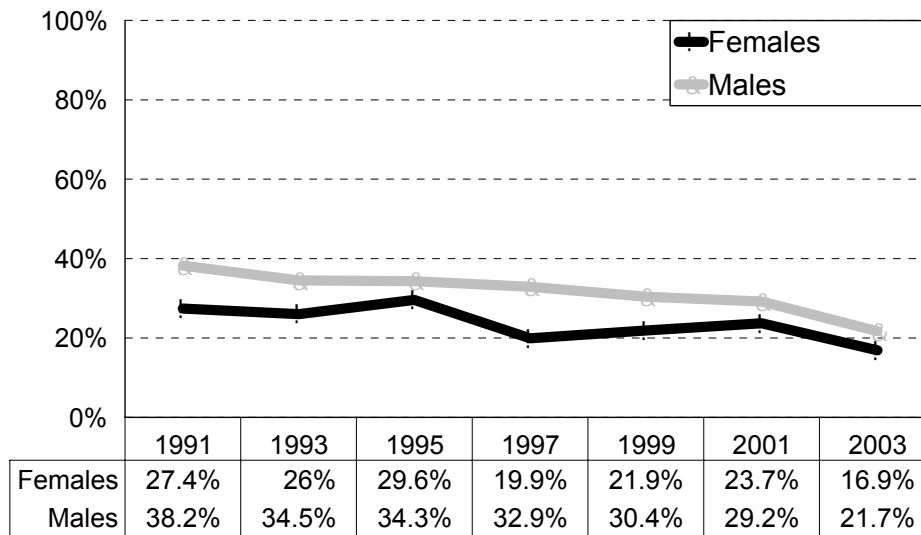
Figure 7: Episodic Heavy Drinking*
High School Students Who Reported Drinking 5+ Drinks In One Sitting
During the Past 30 Days



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*Grade Adjusted

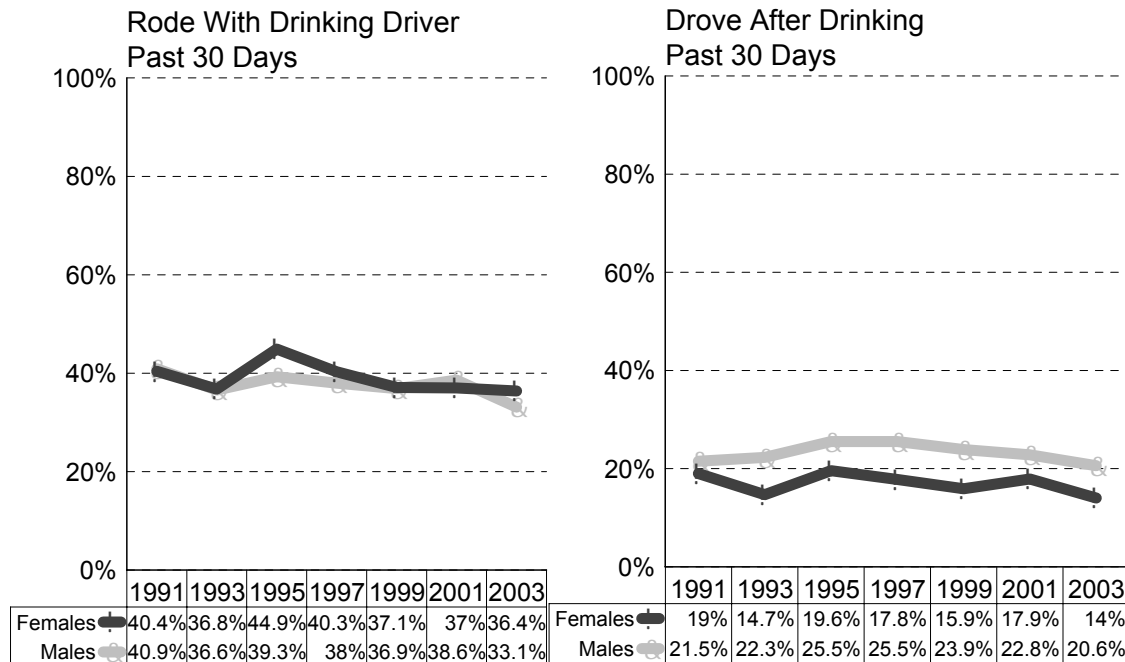
Figure 8: First Alcohol Consumption*
High School Students Who Reported Their First Drink
of Alcohol ("Other Than a Few Sips") at 12 or Younger



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*Grade Adjusted

Figure 9: "Drunk Driving"*
High School Students

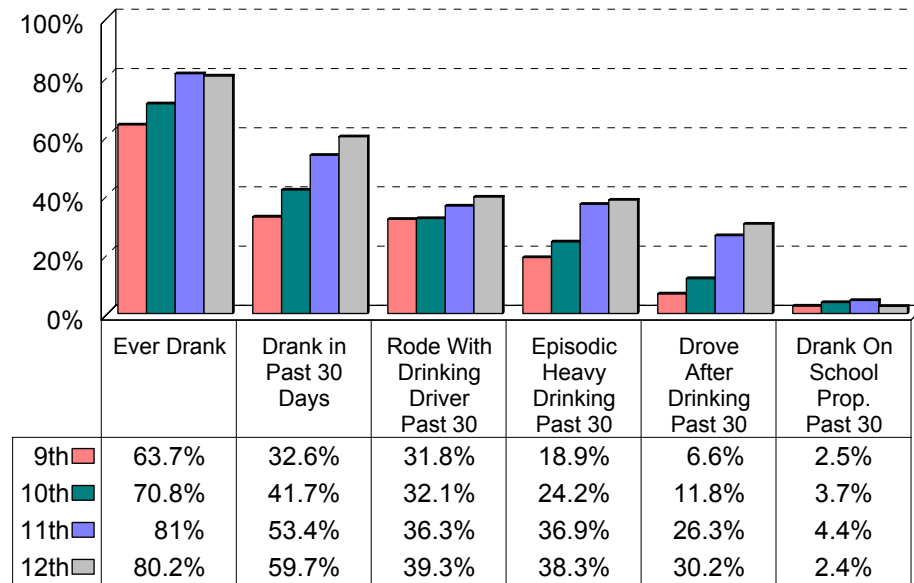


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*Grade Adjusted

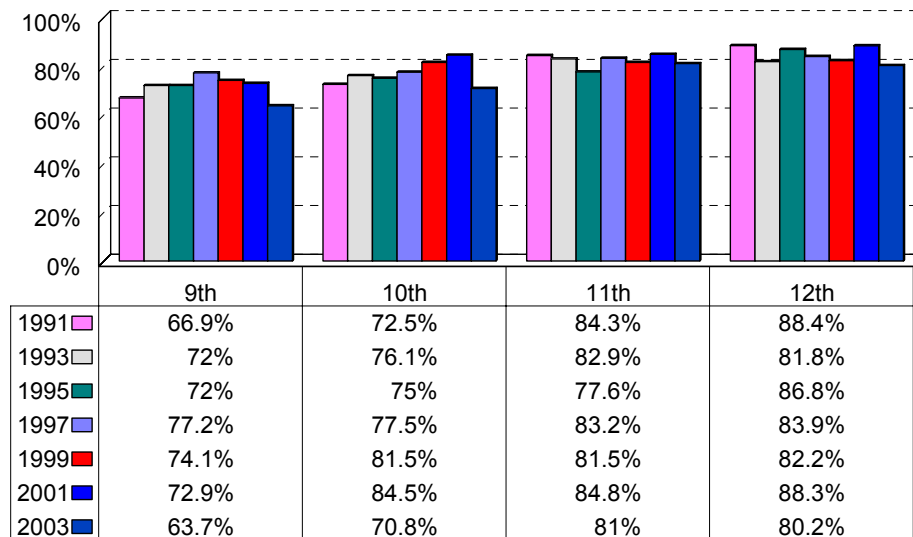
L During the 1990s and in 2003, teens in older grades were more likely than those in younger grades to report alcohol consumption. For all alcohol indicators, there was little discernible increase or decrease over time within individual grades (Figs. 10-13).

Figure 10: Alcohol Consumption by Grade
2003 High School Students



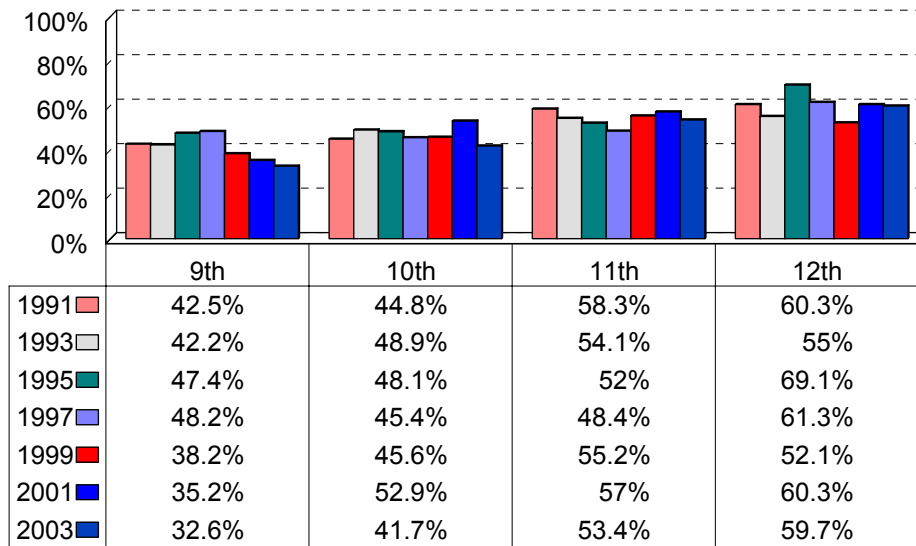
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Figure 11: Ever Drank by Grade
High School Students Who Reported Ever Drinking Alcohol, other than a few sips, During Their Lifetime



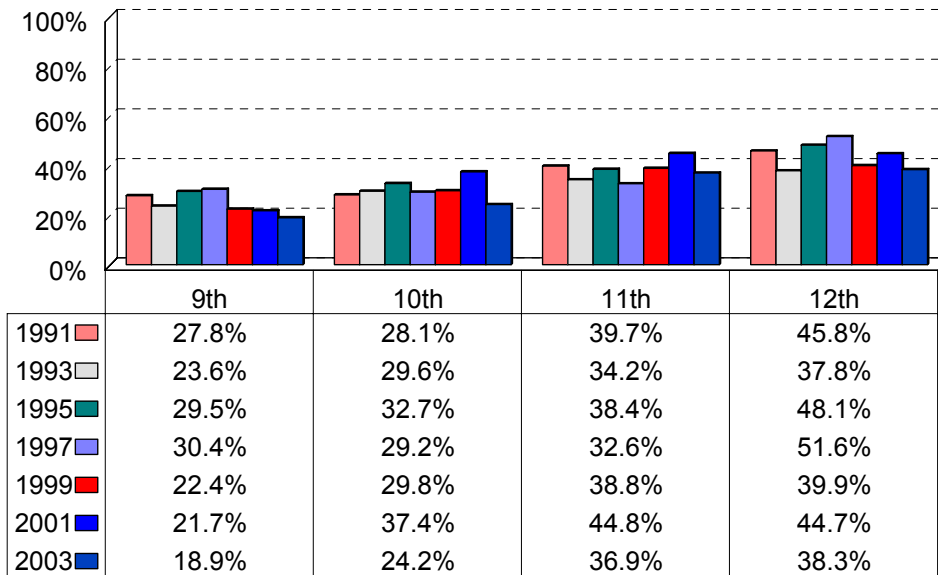
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Figure 12: Alcohol Consumption by Grade
High School Students Who Reported Drinking Alcohol During the Past 30 Days



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Figure 13: Episodic Heavy Drinking by Grade
High School Students Who Reported Drinking 5+ Drinks In One Sitting During the Past 30 Days



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Public Health Comment: Alcohol

-David Humm

The consequences and costs of youth alcohol use are enormous and alcohol is easily the nation's top drug of abuse among adolescents. Many of these harmful consequences are immediate and all too evident including: injuries or death due to impaired driving, violence, sexual assault, unwanted pregnancies, STD's, and educational failure. Young people who decide to drink usually drink more often and more heavily in the 12th grade, but nationally nearly 29.1% of the high school students reported in 2001 that they had their first drink of alcohol, other than a few sips, before age 13. This measure is significant because studies show that the longer the onset of first use, the less likely a young person will be affected by an alcohol problem in the future. In Lancaster County we have seen a positive trend in this first drink data. In 1991 32.9% of high school students indicated that they had their first drink before the age of 13, while the 2003 survey reveals that only 19.5% had their first drink before this age.

A wide range of educational and enforcement measures need to be used to continue to boost compliance with laws that prohibit selling or providing alcohol to children, adolescents, and young adults under the legal drinking age of 21. Measures that have been widely suggested include: strict enforcement of laws prohibiting the use of alcohol by youth, strict regulation of alcohol advertising, promotion of educational programs for servers (bartenders, waiters, store clerks, etc), encouragement of alcohol-free youth parties, and a change in community practices that make alcoholic beverages easily accessible to underage youth.

Alcohol abuse among both adults and youth is a dangerous problem that must continue to be addressed through on-going prevention efforts and through recognition that this behavior is not acceptable. Many organizations in Lancaster County address issues related to alcohol abuse. Among them are the Lincoln Council on Alcoholism and Drugs, NU Directions, Mothers Against Drunk Driving, Responsible Hospitality Council, Region V Systems, hospitals, treatment centers and self-help programs. With collaborative prevention efforts focused on a comprehensive approach, Lancaster County youth will benefit from making positive choices relating to alcohol use.

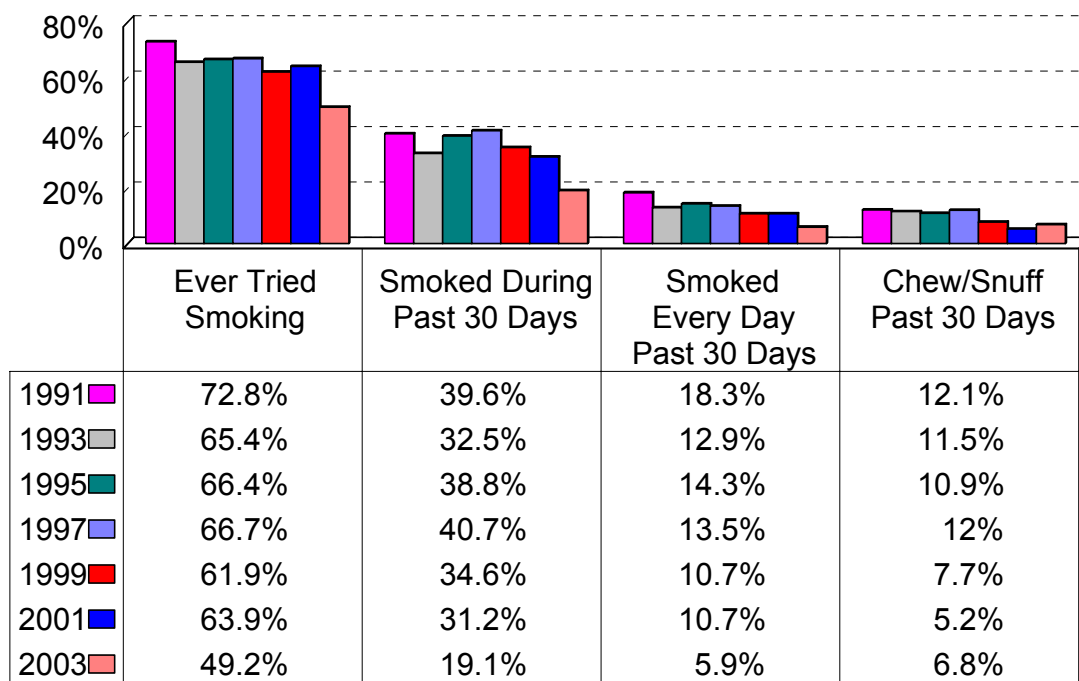
Tobacco Use

The Youth Risk Behavior Survey includes questions on smoking frequency, intensity, history and cessation attempts; how cigarettes are obtained; smoking on school property; and smokeless tobacco and cigar use. This relates to one of the 2010 Health Objectives: Reduce disease, disability, and death related to tobacco use and exposure to secondhand smoke by preventing initiation of tobacco use, promoting cessation of tobacco use, reducing exposure to secondhand smoke, and changing social norms and environments that support tobacco use.

Highlights

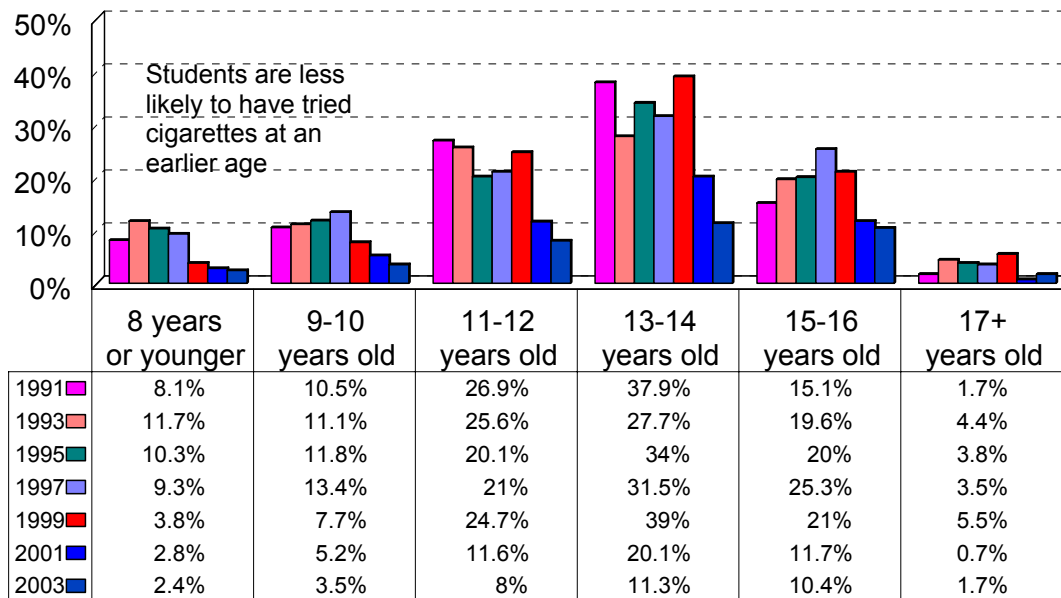
L Tobacco use among teens decreased dramatically in Lancaster County in 2003, which is also consistent with the decrease in the State. In 2003, a sharp decline in the percentage of teens reporting ever trying cigarettes during their lifetime, currently smoking, and smoking daily have been observed (Figure: 1)

Figure 1: Tobacco Use*
High School Students



L In 2003, teens reported beginning smoking at later age than in previous surveys.

Figure 2: Age at First Use*
High School Students Who Reported Ever Smoking a Whole Cigarette

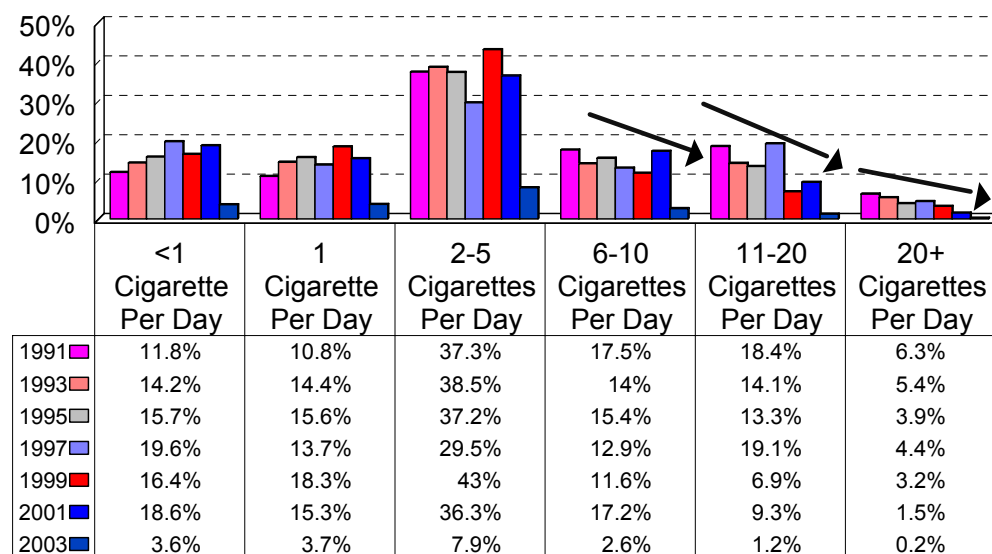


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*Grade Adjusted

L Figure 3 shows the number of cigarettes smoked by teen respondents per day. The proportion of teens who smoked 6-20 cigarettes decreased in 2003, while, the percentage of teens smoking 2-5 cigarettes has dropped significantly.

Figure 3: Number of Cigarettes Smoked Per Day*
High School Students Who Reported Smoking During the Past 30 Day



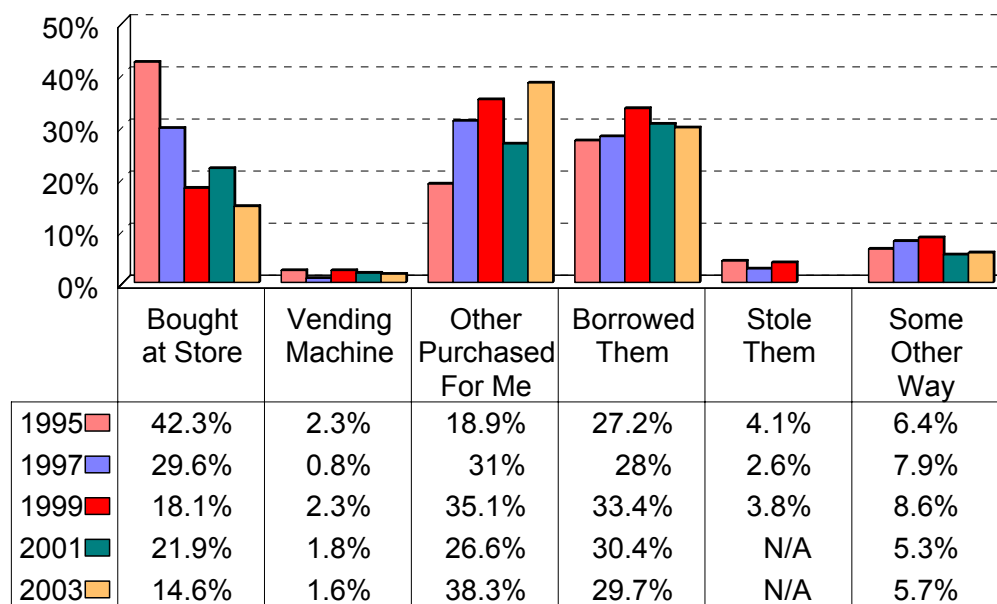
* Number of cigarettes smoked per day, on the days they smoked

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- L Most common method of obtaining a cigarette was “purchase by others”(38.3%) followed by “borrowed them” (29.7%). The percentage of teens buying cigarettes from a store has declined significantly since 1995 (Figure 4).

Figure 4: How Cigarettes Are Usually Obtained*
High School Students Who Reported Smoking During the Past 30 Day

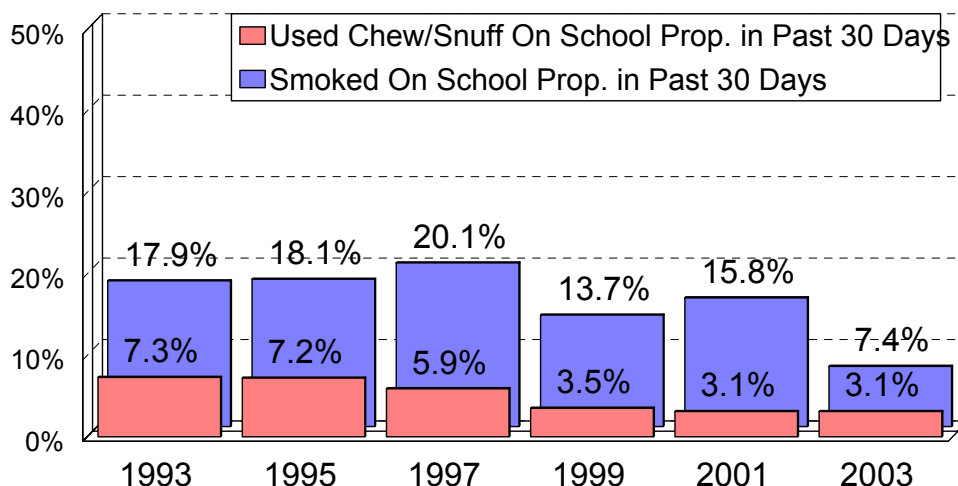


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*Grade Adjusted

- L The percentage of students using smokeless tobacco on school property declined substantially from 1993, however, the percentage of students who smoked a cigarette on school property showed an inconsistent trend.

Figure 5: Tobacco On School Property*
High School Students

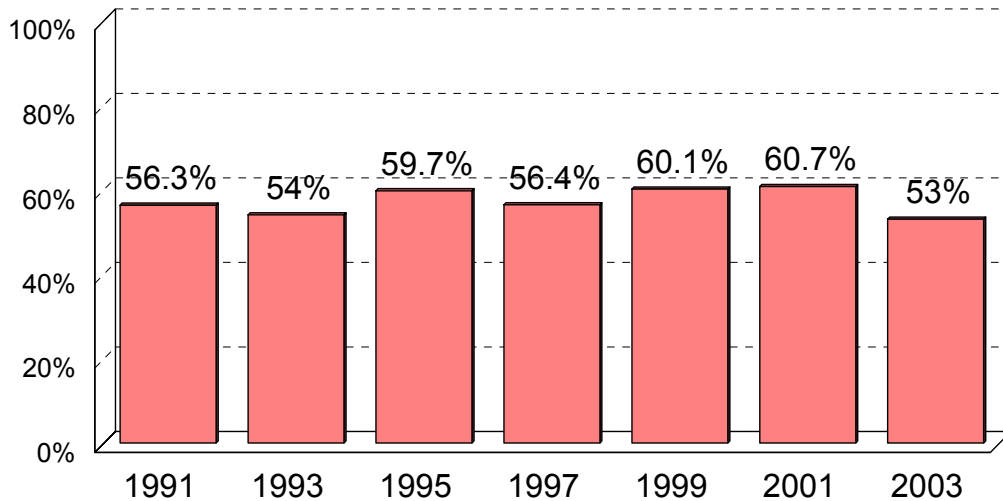


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*Grade Adjusted

- L The percentage of teen smokers (smoked in past 30 days) who reported quit attempts decreased since 2001 by 12% in 2003.

Figure 6: Ever Attempted to Quit*
High School Students Who Reported Smoking During Past 30 Days

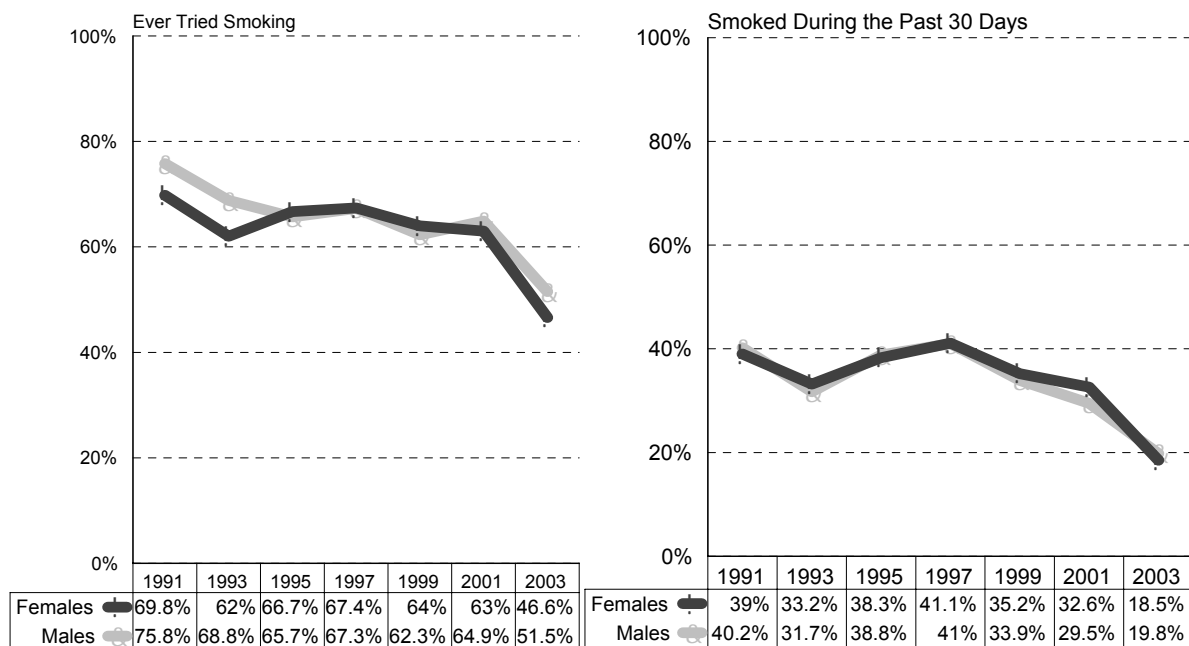


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*Grade Adjusted

- L Figures 7, 8 and 9 show trends in smoking experience, current smoking, daily smoking and smokeless tobacco use by male and female high school students.

Figure 7: Smoking Experience & Current Smoking*
High School Students



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*Grade Adjusted

Figure 8: Daily Smoking, Past 30 Days*
High School Students

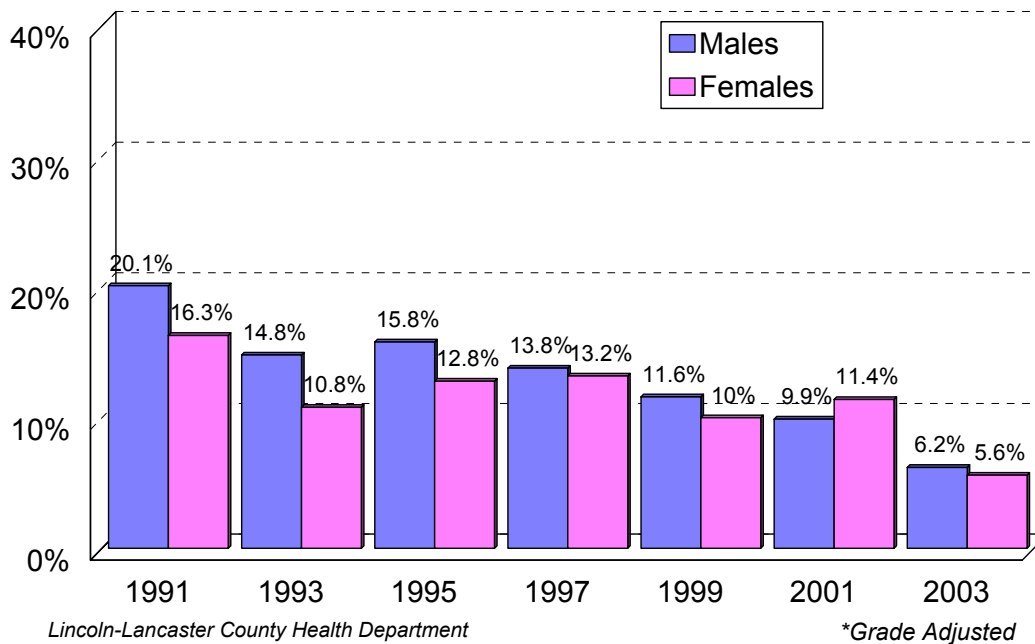
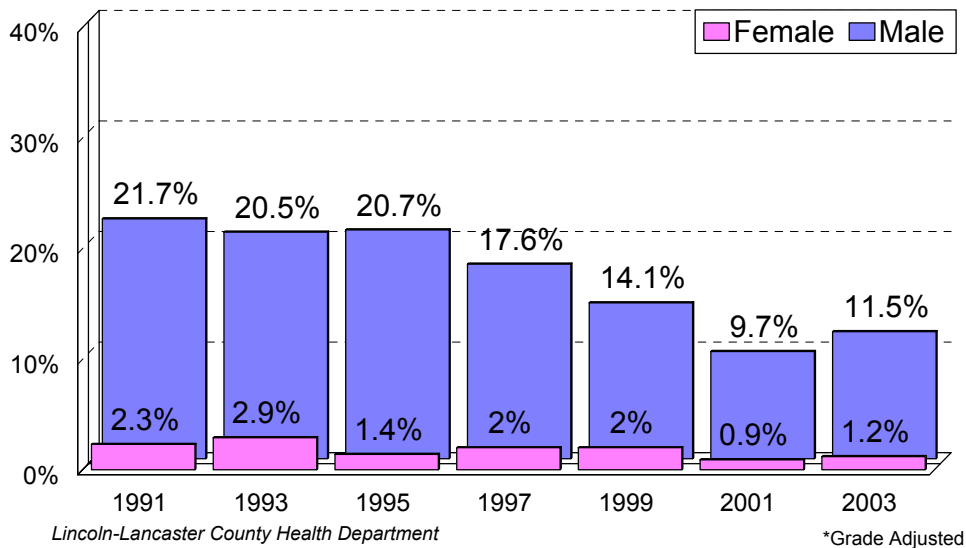
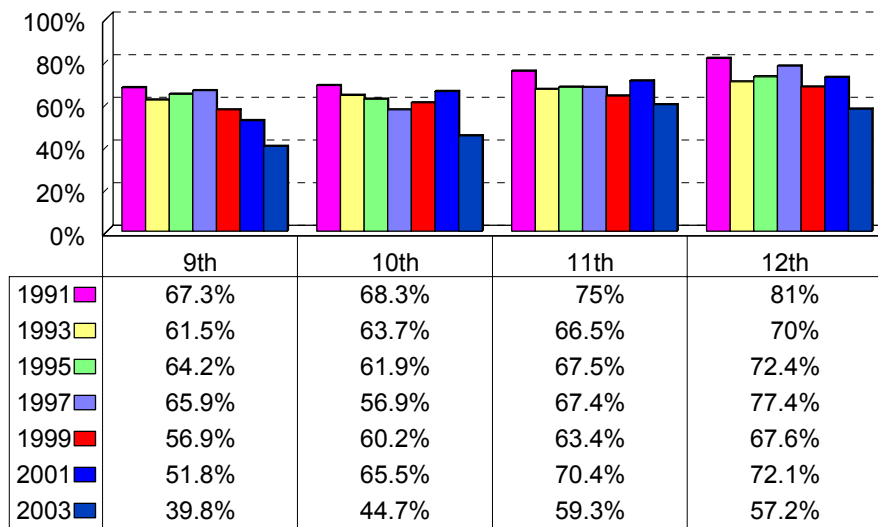


Figure 9: Smokeless Tobacco Use*
High School Students Who Reported Using Chew/Snuff
During the Past 30 Days



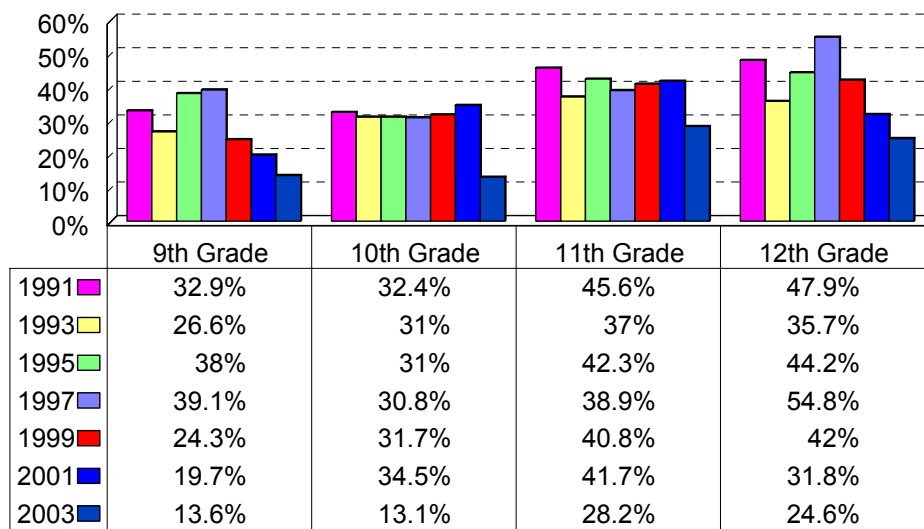
L As shown in figures 10, 11, and 12, teens in older grades reported tobacco use at higher rates than those in lower grades. The decline in tobacco use rates from 1991 to 2003 were particularly pronounced among teens of 9th grade, although 2001 to 2003 changes were apparently significant for all grade levels.

**Figure 10: Ever Smoked, by Grade
High School Students**



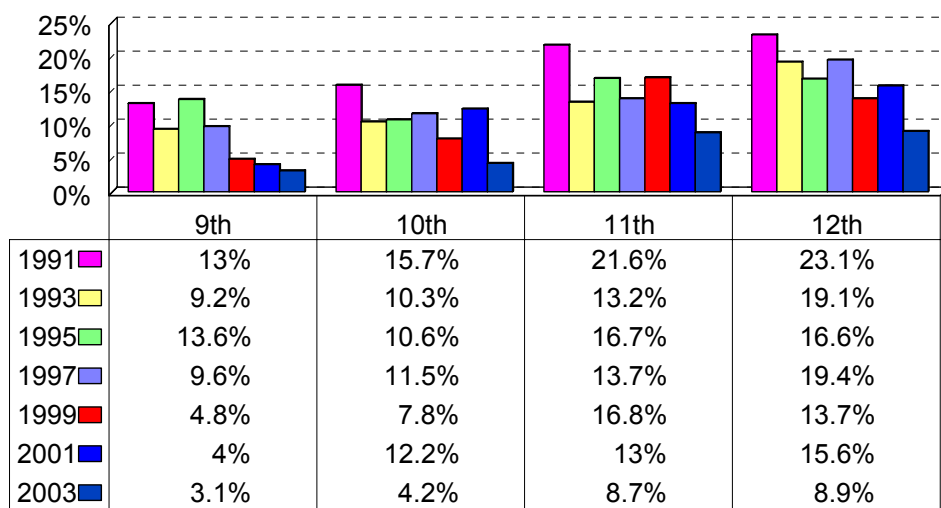
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**Figure 11: Current Smoking (Past 30 Days)
By Grade, High School Students**



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Figure 12: Daily Smoking, by Grade
(Smoked Every Day For the Past 30 Days)
High School Students



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Public Health Comment: **Tobacco**

-Sandy Keller

Tobacco use among adolescents is one of six priority health risk behaviors that reflect the major health concerns in the United States related to disease, disability and death. Often the tobacco habit is established in childhood and early adolescence, promoting a lifelong habit. In 2001, 63.9% of high school students in the U.S. reported having tried cigarette smoking. In addition, 28.5% of high school students reported smoking during the past 30 days. Tobacco use among youth in Lancaster County dramatically decreased between 1991 and 2003. In 1991, 72.8% of Lancaster County high school students reported having tried smoking and in 2003 the rate had fallen to 49.2%. In 1991, 39.6% reported smoking during the past 30 days and in 2003 that rate had also dropped to 19.1%.

The Centers for Disease Control and Prevention (CDC) recommends that States establish tobacco control programs that are comprehensive, sustainable, and accountable. These “best practices” are determined by evidence-based analyses of comprehensive state tobacco control programs. The goal of comprehensive tobacco control programs is to reduce disease, disability, and death related to tobacco by preventing the initiation of tobacco use among young people, promoting quitting among young people and adults, eliminating nonsmokers’ exposure to environmental tobacco smoke (ETS) and identifying and eliminating the disparities related to tobacco use and its effects among different population groups.

Locally, there is a comprehensive program in place to help prevent youth initiation of tobacco use. The School-Community Tobacco Prevention Program in Lincoln and Lancaster County was established in 2000 as part of a comprehensive statewide program. Lincoln and Lancaster County Agencies representing schools, communities, and racial/ethnic minority populations, all part of the Tobacco Free Lincoln Coalition, have a continuing partnership dedicated to reducing public and worker exposure to secondhand smoke and preventing youth initiation of tobacco use. Key elements of this program include a comprehensive approach involving collaborating agencies working toward the same goal which involves media, enforcement (i.e. illegal tobacco sales to minors), policy and education. The program follows the Centers for Disease Control’s Best Practices Guidelines focusing on specific goals and using a comprehensive approach toward tobacco control.

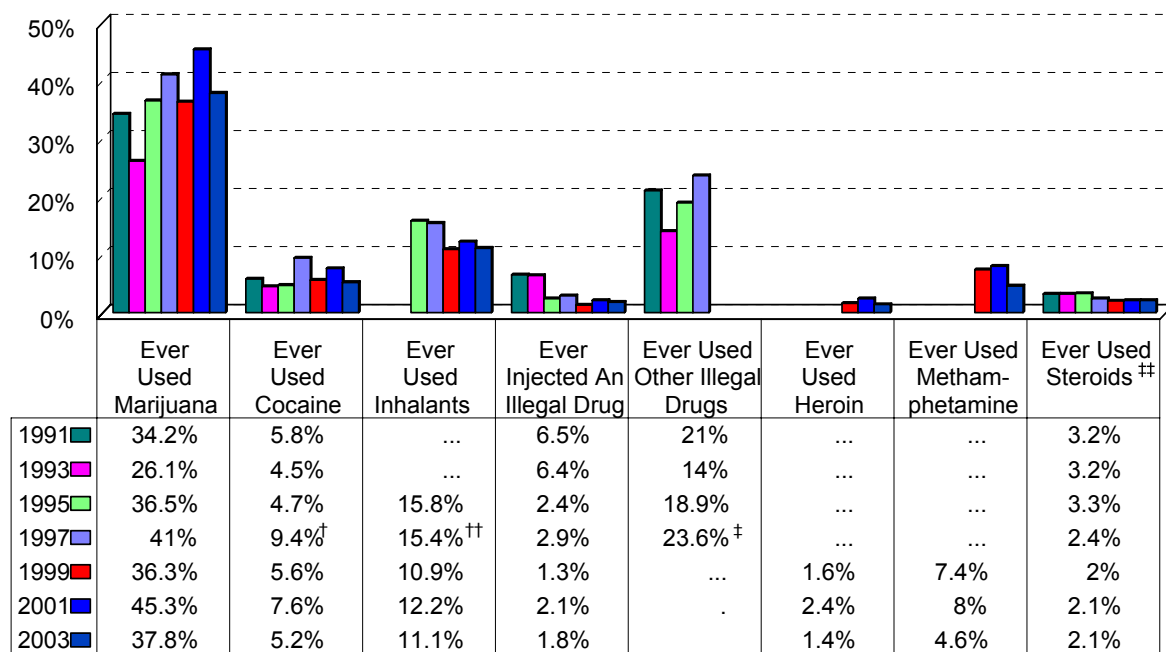
Illegal Drug Use

The Youth Risk Behavior Survey includes questions on the use of marijuana, cocaine, inhalants, heroin, methamphetamine, steroids, and injected drugs, as well as marijuana use and drug acquisition on school property.

Highlights

L In the last two years there has been a decrease in the use of all types of illegal drugs among Lancaster County teens. The YRBSS data in 2003 indicated that the most common illicit drug ever used by teens remained marijuana (37.8%), followed by inhalants (11.1%), methamphetamine (4.6%) and cocaine (5.2%).

Figure 1: Lifetime Drug Use^{*}
High School Students



[†] "any form of cocaine including powder, crack or freebase"

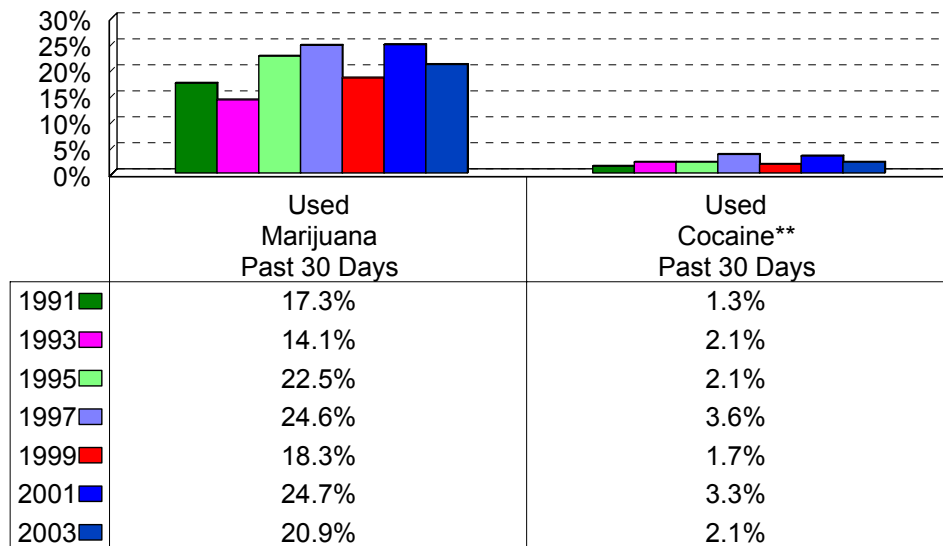
[‡] "LSD, PCP, ecstasy, mushrooms, speed, ice, or heroin"

^{††} "sniffed glue, breathed the contents of aerosol spray cans, or inhaled paints or sprays"

^{‡‡} "steroid pills or shots without a doctor's prescription"

- L Over one-fifth (20.9%) of survey respondents reported that they used marijuana during the past 30 days prior to the survey while only 2.1% reported using cocaine (Figure 2).

Figure 2: Current Drug Use (Past 30 Days)*
High School Students



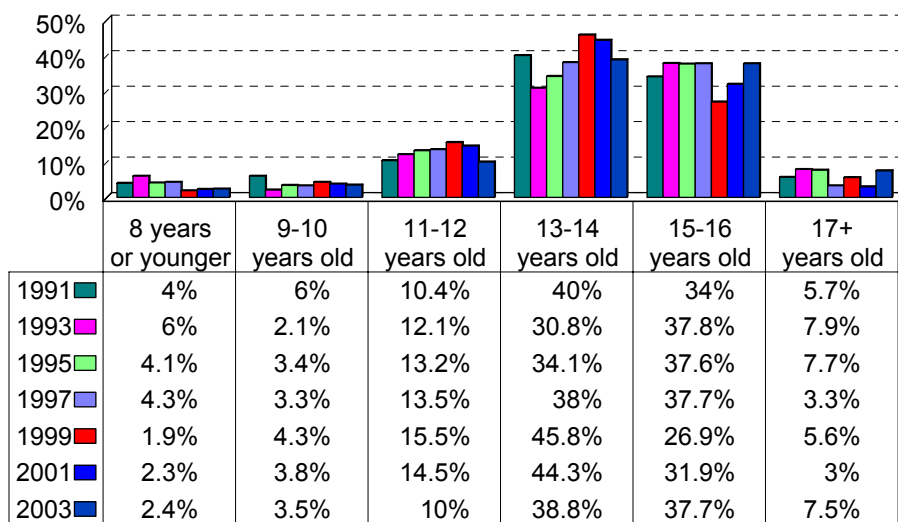
** "Any form of cocaine including powder, crack or freebase"

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*Grade Adjusted

- L In 2003, among those who reported marijuana use, 38.8% reported that they first used it at 13-14 years of age and 37.7% reported using at 15-16 years of age, which indicates that students are beginning to use drugs at a later age than in 2001.

Figure 3: Marijuana - Age of First Use*
High School Students Who Reported Smoking Marijuana During Their Lifetime

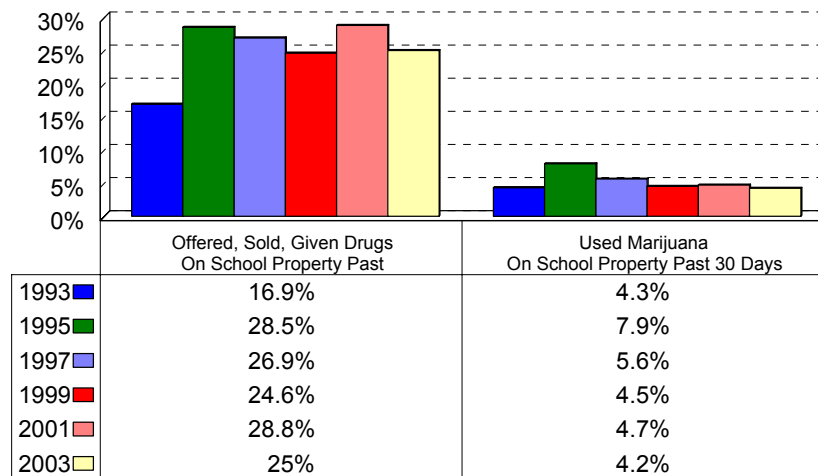


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*Grade Adjusted

L Drug use on school property appears to be fairly steady since 1995 (Figure 4).

Figure 4: Drug Use On School Property*
High School Students

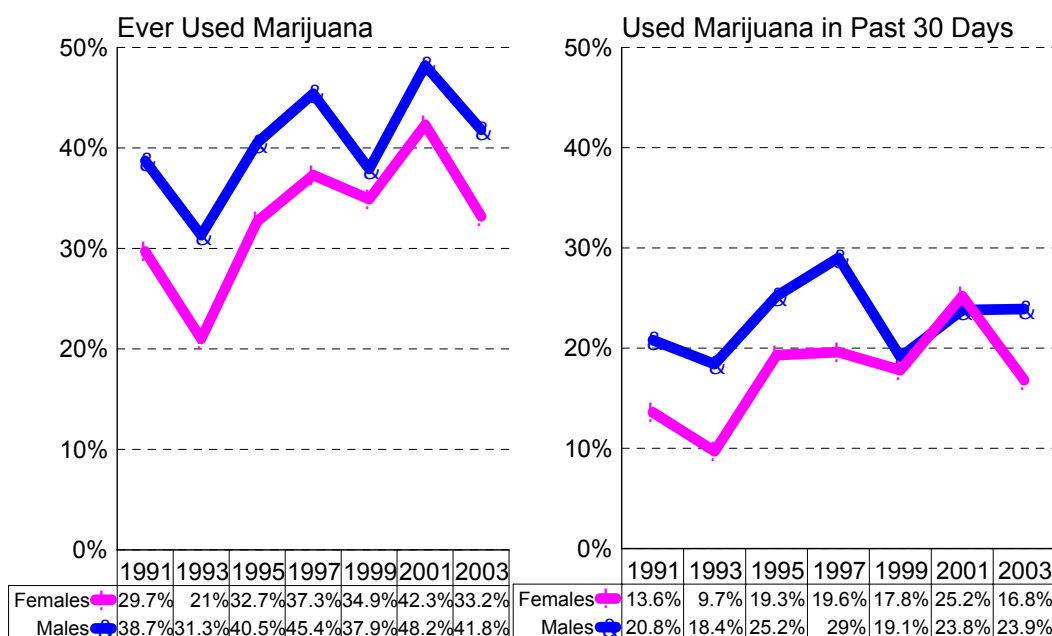


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*Grade Adjusted

L Figures 5, 6 and 7 show marijuana, cocaine and other drug use by gender.

Figure 5: Marijuana Use*
High School Students

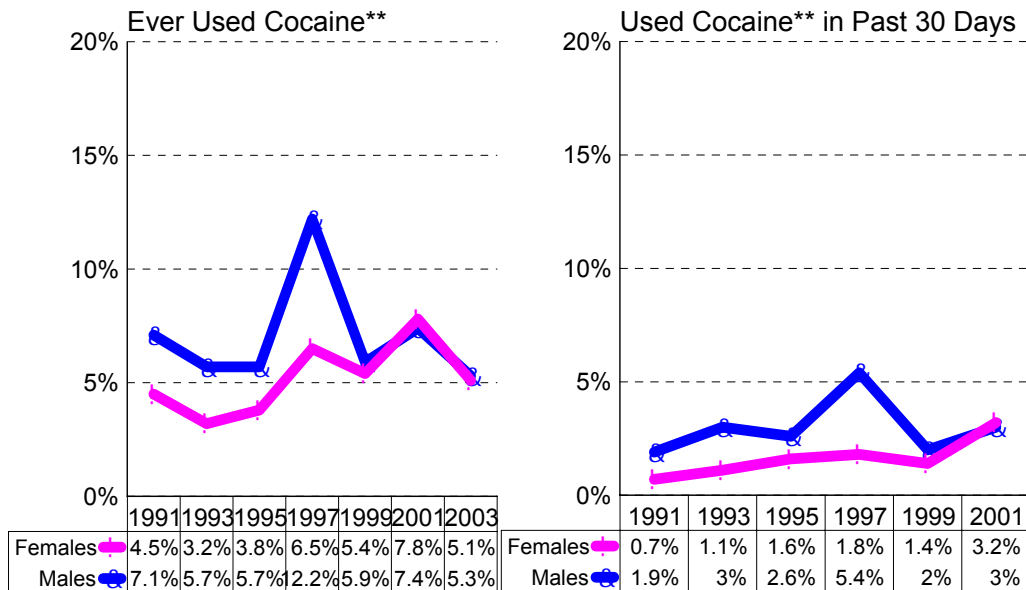


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*Grade Adjusted

Figure 6: Cocaine Use*

High School Students



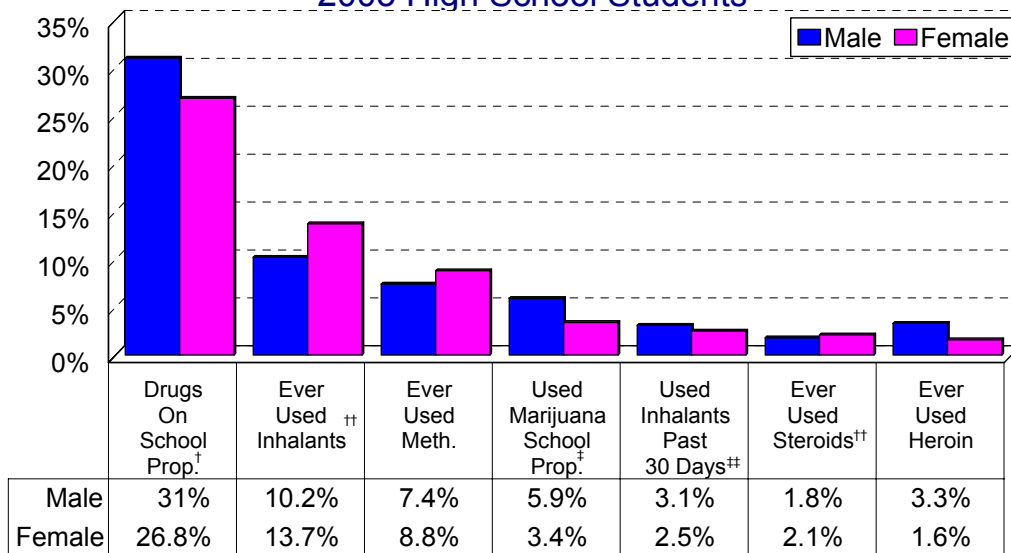
** "Any form of cocaine including powder, crack, or freebase"

*Grade Adjusted

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Figure 7: Marijuana and Other Drugs*

2003 High School Students



[†] "offered, sold, or given drugs on school property in past 12 months"

^{††} "sniffed glue, breathed the contents of aerosol spray cans, or inhaled paints or sprays"

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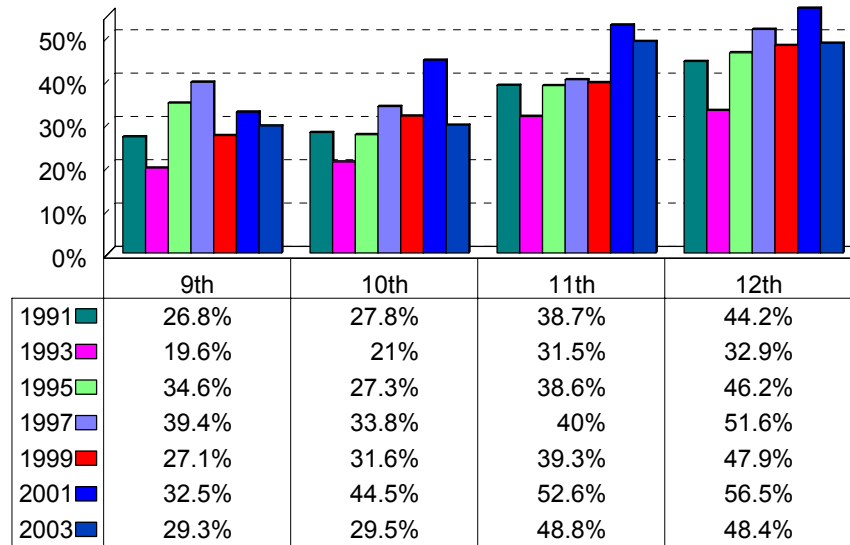
[‡] "used marijuana on school property in the past 30 days"

^{‡‡} "steroid pills or shots without a doctor's prescription"

*Grade Adjusted

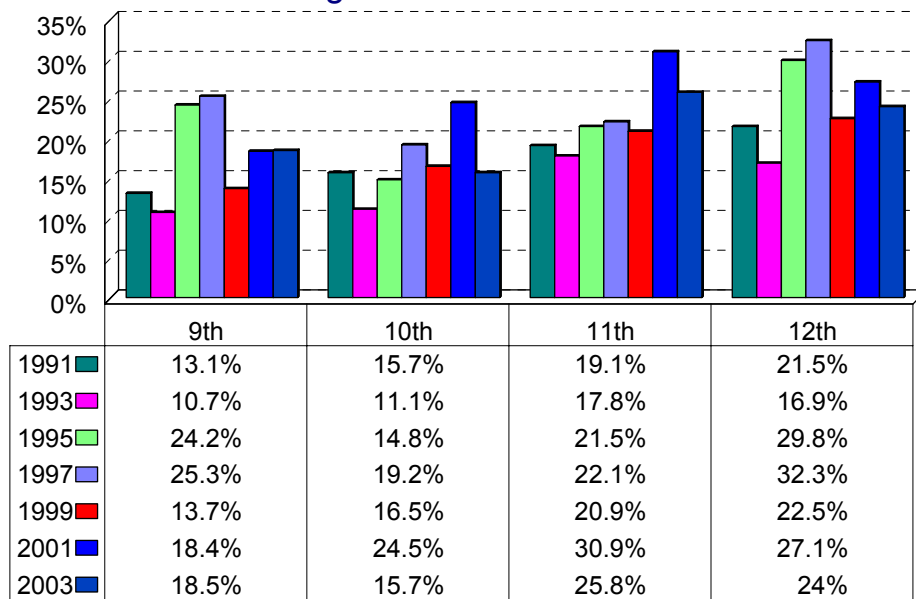
Except for inhalants (Figure 10) as with many other risk behaviors, teens in older grades have generally been more likely than those in younger grades to report illegal drug use (Figs. 8 - 9). However, the 2003 data appear to show a slight decline in marijuana use in all grades (except for 9th graders marijuana use in the last 30 days

Figure 8: Ever Used Marijuana by Grade
High School Students



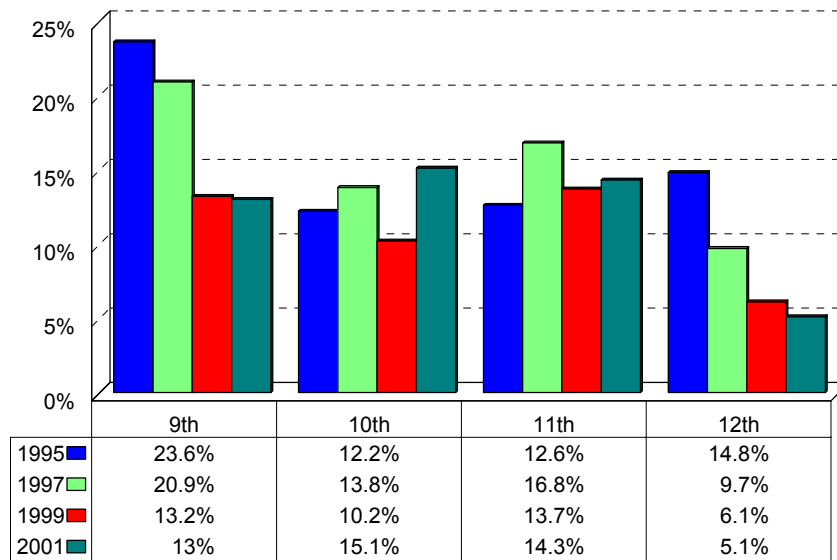
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Figure 9: Marijuana Use in Past 30 Days by Grade
High School Students



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Figure 10: Ever Used Inhalants by Grade
High School Students



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Public Health Comment: Illegal Drugs

-David Humm

Marijuana continues to be the most used illegal drug in America and this holds true in Lancaster County. In 2003, nearly half (48.4%) of 12th grade students surveyed reported having used marijuana in their lifetime. In addition, almost a quarter (24%) of these same students reported using marijuana in the previous 30 days. Unfortunately, changes in the perception and knowledge of marijuana as being harmful has decreased over the last five years. This may be due to a increase in pro-drug messages through pop culture and a lack of awareness among parents about a resurgence in drug use.

Research has shown that the key risk periods for drug abuse are during major transitions in childrens' lives. One of the most crucial transitions is when adolescents enter high school where they face more intense social, emotional, and educational challenges. At this same time, they may be exposed to greater availability of drugs, drug abusers, and social activities involving drugs. These challenges can increase the risk that teens will abuse illegal drugs. Prevention programs may vary widely, but generally they are associated with information and referral, education, alternative behaviors, and primary and early intervention activities. These services focus on reducing risk factors and building protective factors.

The Substance Abuse Action Team (SAAT) Prevention Coalition was formed in August 2001 to focus on substance abuse issues in Lincoln and Lancaster County. The coalition's mission is to reduce substance abuse among youth in ages 12 to 17 and to strengthen the coalition into a broad-based, ethnically diverse group of stakeholders dedicated to the principle of making Lincoln and Lancaster County a drug-free community. The coalition is actively recruiting new members, strengthening partnerships with diverse organizations, and planning to provide prevention training for members and the community.

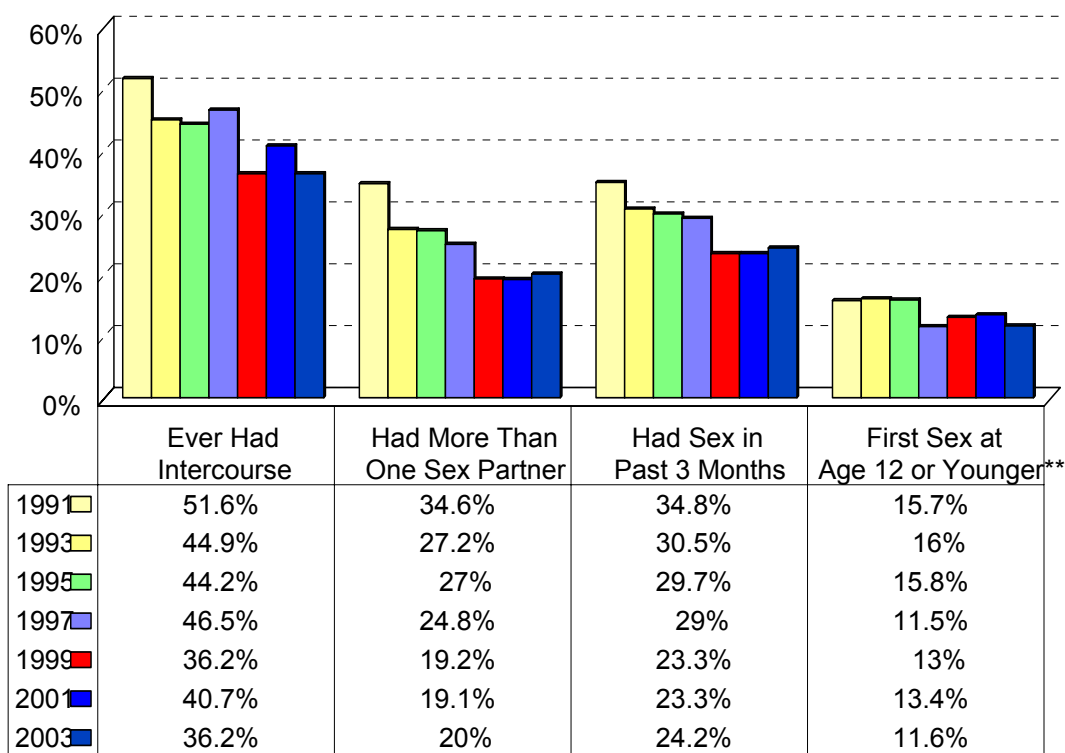
Sexual Activity

Early sexual activity is associated with unwanted pregnancy, sexually transmitted disease, and negative effects on social and psychological development. The YRBSS questions corresponding to sexual behaviors measure the prevalence of sexual activity, number of sexual partners, age at first intercourse, alcohol and drug use related to sexual activity, AIDS/HIV education in school, condom and other birth control use.

Highlights

- Reported levels of sexual activity among Lancaster County teens have generally declined from 1991 to 2003, but recent years, 1999-2003, have shown an inconsistent trend (Figure 1). Other general indicators of sexual activity remained stable over the last two biannual survey years.

Figure 1: Sexual Activity
High School Students*

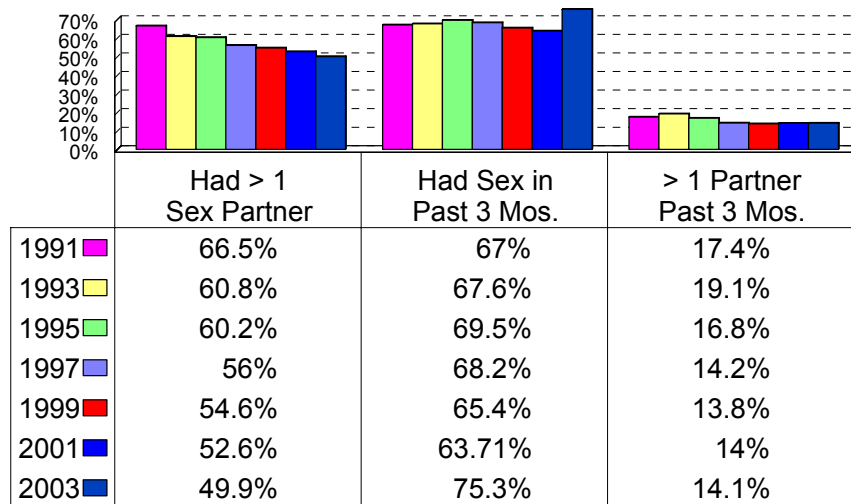


** Students Who Reported Having Had Sex
Lincoln-Lancaster County Health Department

* Grade-adjusted

- L The percentage of teens who have had sex that reported that they having had more than one sex partner decreased from 66.5% in 1991 to 49.9% in 2003. However, the percentage of teens reporting to have had sex within the past three months increased from 63.7% in 2001 to 75.3% in 2003.

Figure 2: Sexual Activity*
High School Students Who Reported Having Had Sex

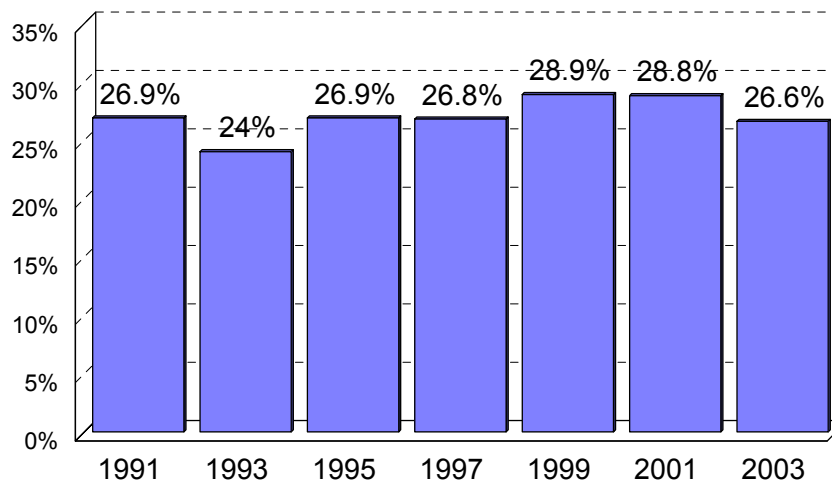


Lincoln-Lancaster County Health Department

* Grade-adjusted

- L The percentage of teens that have ever had sex who reported alcohol and drug use prior to their last sexual encounter has remained unchanged since 1991.

Figure 3: Alcohol or Drug Use Prior to Last Sexual Intercourse*
High School Students Who Reported Having Had Sex



Lincoln-Lancaster County Health Department

* Grade-adjusted

Figure 4 reveals that the proportion of teens using a condom at last intercourse increased from 61.4% in 2001 to 72.8% in 2003.

Figure 4: Condom Use During Last Sexual Intercourse*

High School Students Who Reported Having Had Sex

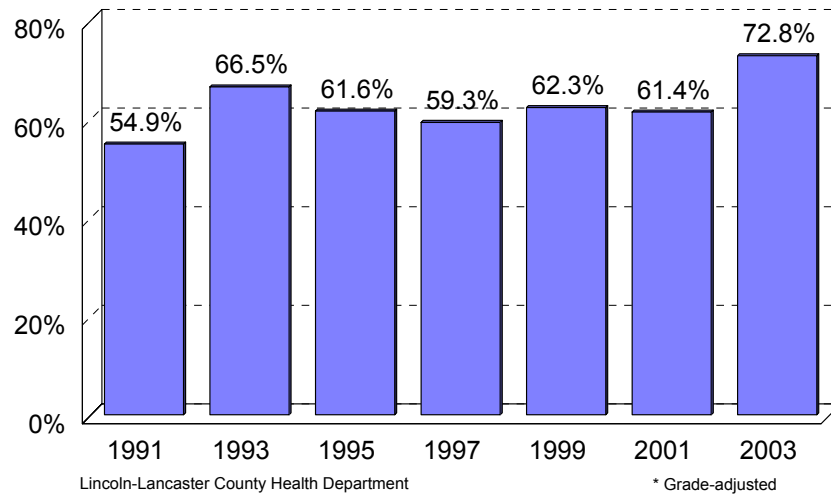
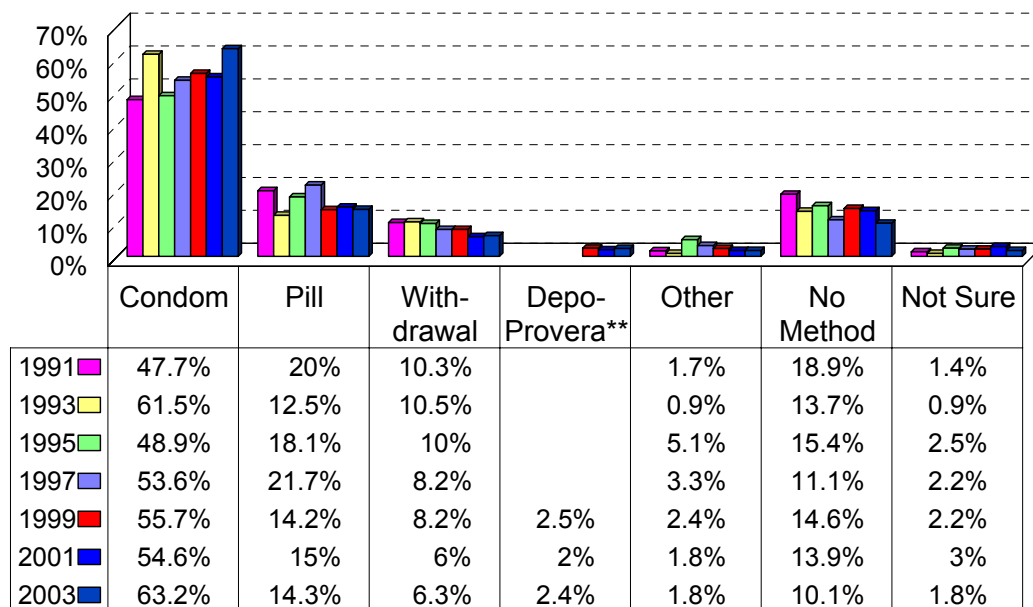


Figure 5 shows different contraceptive methods used by the teens during their last sexual intercourse. Other than the increase in condom use and a drop in “no method”, the use of other contraceptive methods has shown little change.

Figure 5: Contraception Method Used During Last Sexual Intercourse*

High School Students Who Reported Having Had Sex



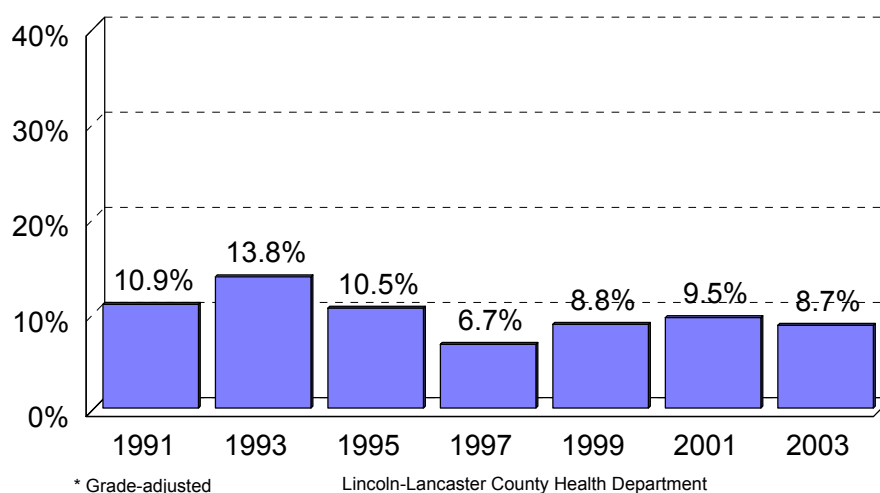
* Grade-adjusted

** New response option in 1999

Lincoln-Lancaster County Health Department

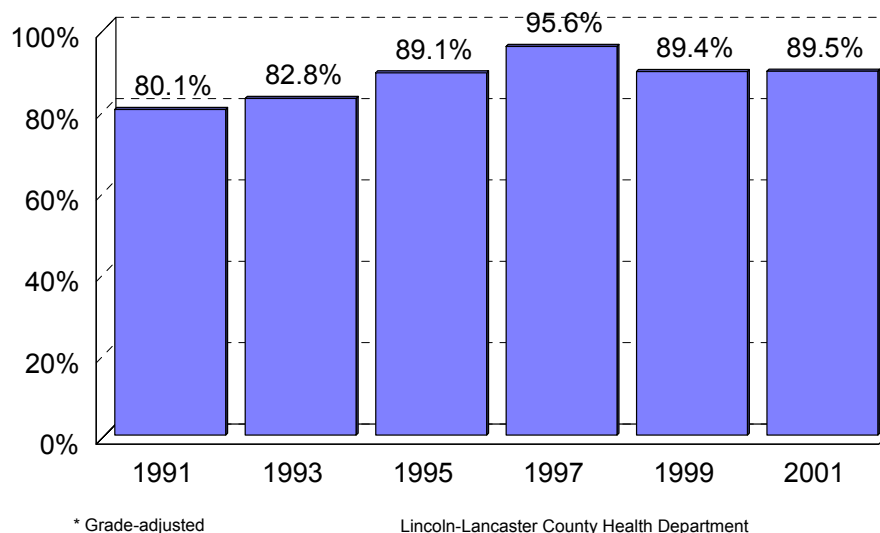
L As shown in figure 6, among teens who reported to have had sex, 8.7 percent reported that they have been pregnant or gotten someone pregnant.

Figure 6: Have Been Pregnant or Gotten Someone Pregnant*
High School Students Who Reported Having Had Sex



L Figure 7 reveals that the proportion of high school students who had AIDS/HIV education in school has remained stable since 1999 and it's at a level rate with the data from 1995.

Figure 7: Had AIDS/HIV Education in School
High School Students*



L From 1991 to 2003, reported sexual activity declined for both sexes, and gender differences decreased. Males were slightly more likely to report having had sex, having more sexual partners, using condoms when having sex and indicating alcohol or drug use prior to sex than females in 2003 (Figures 8, 9, 10 & 11).

Figure 8: Sexual Activity*
High School Students Who Have Ever Had Sexual Intercourse

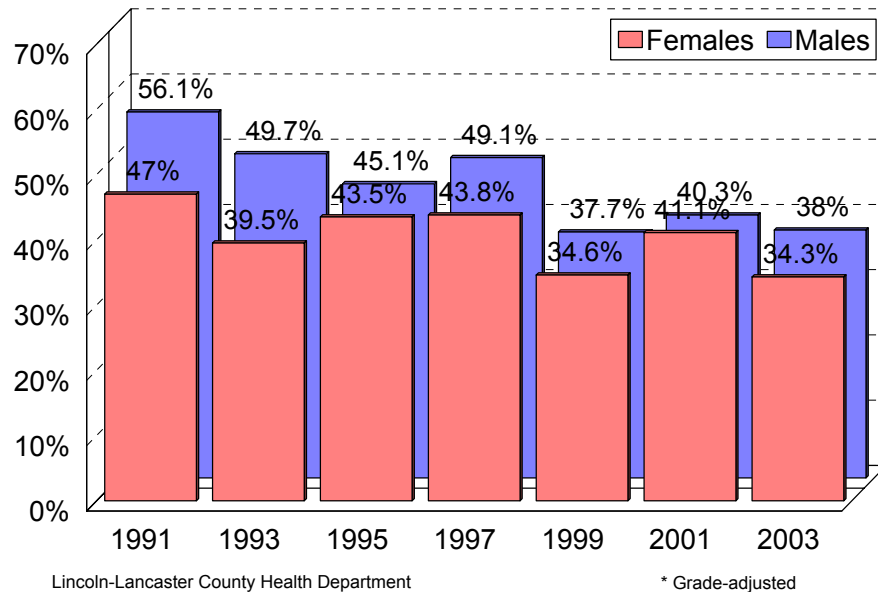


Figure 9: Have Had More Than One Sex Partner*
High School Students

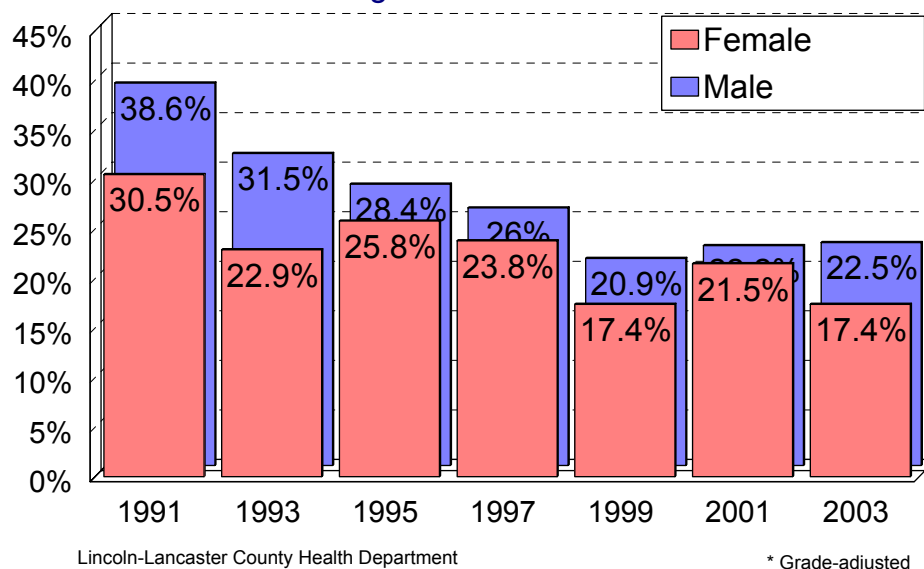
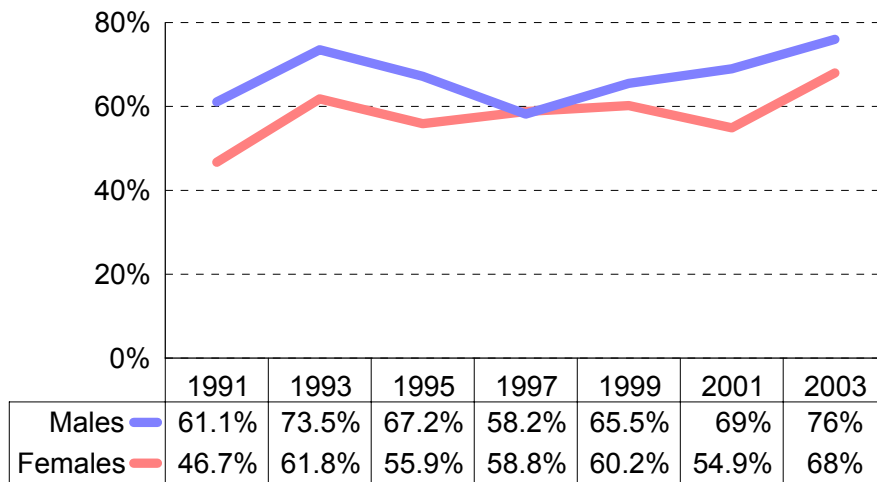


Figure 10: Used Condom at Last Sexual Intercourse*

High School Students Who Reported Having Had Sex

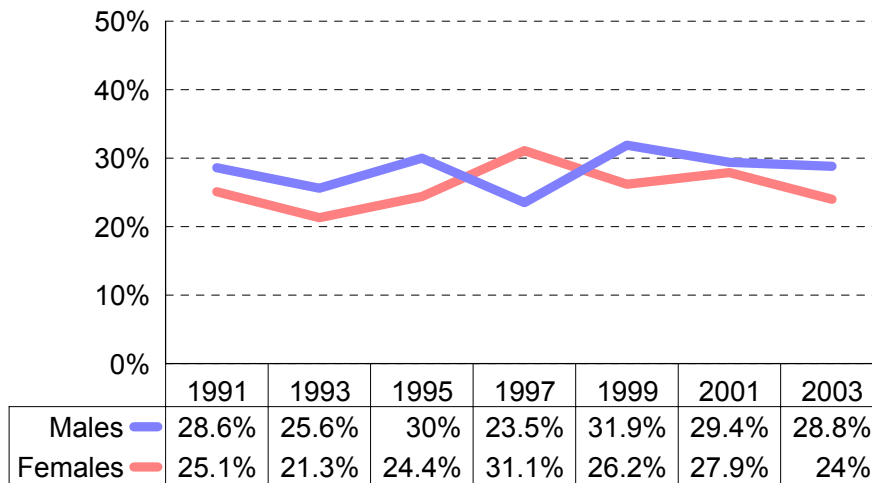


Lincoln-Lancaster County Health Department

* Grade-adjusted

Figure 11: Alcohol or Drug Use Prior to Last Sexual Intercourse*

High School Students Who Reported Having Had Sex

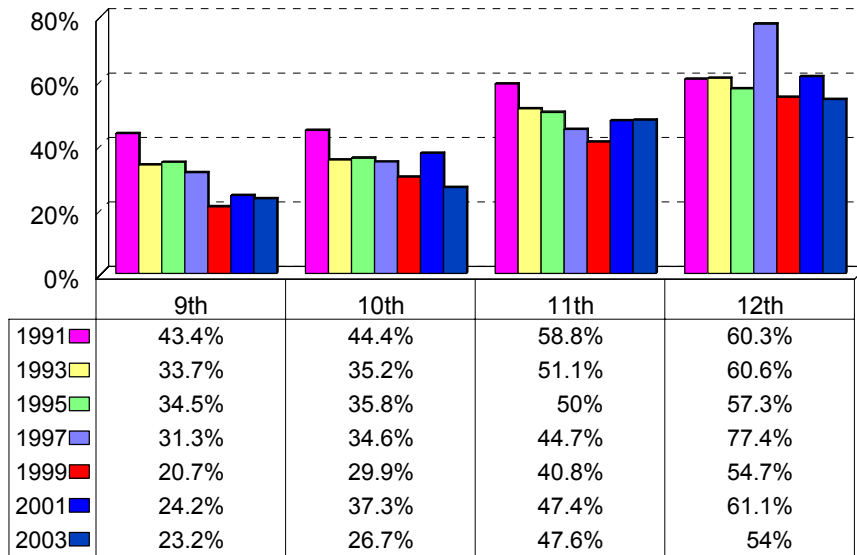


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* Grade-adjusted

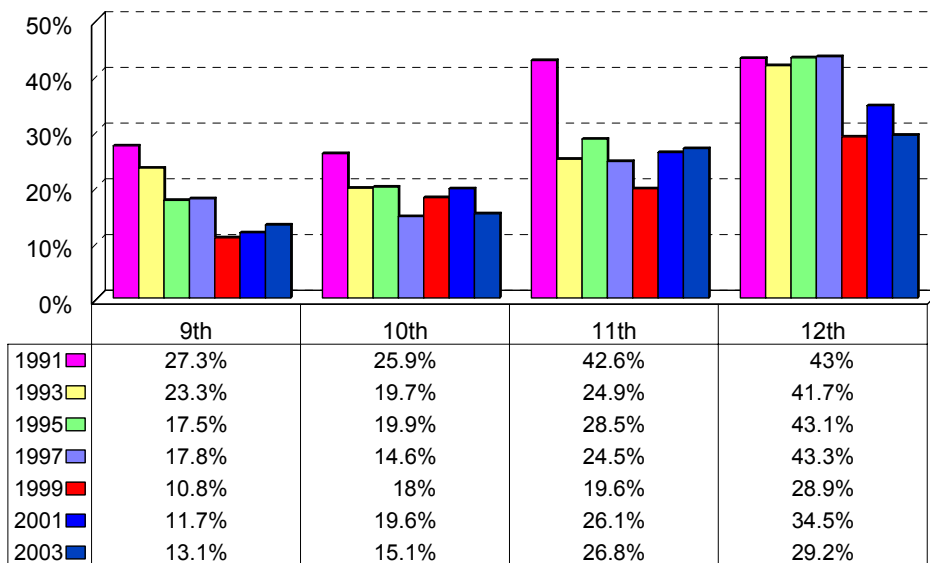
L As expected, Figures 12, 13 and 14 show that teens in older grades were more likely than teens in younger grades to report sexual activity, having more than one partner and having had sex during the past 3 months.

Figure 12: Sexual Activity By Grade
High School Students Who Reported Having Had Sex



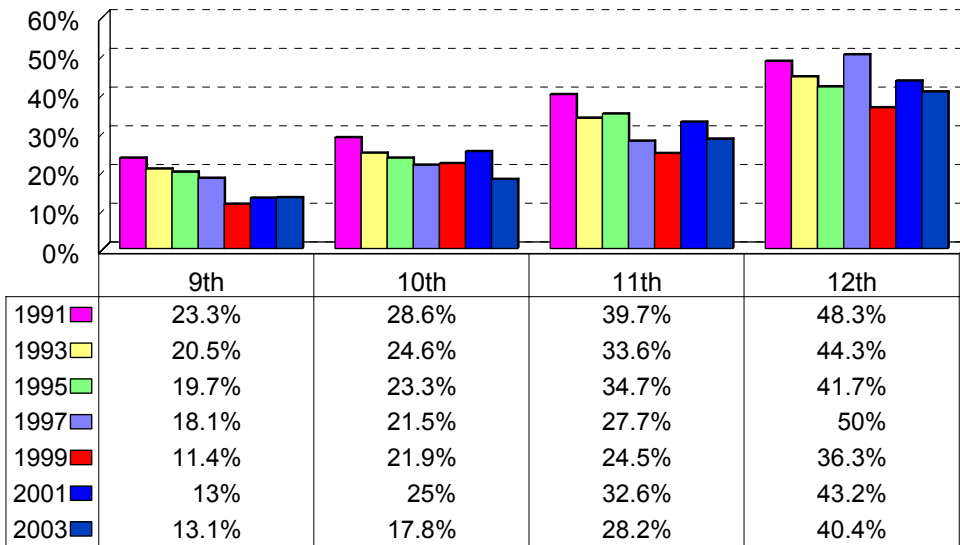
Lincoln-Lancaster County Health Department

Figure 13: Sexual Activity By Grade
High School Students Who Reported Having Had More Than One Sexual Partner During Their Lifetime



Lincoln-Lancaster County Health Department

Figure 14: Sexual Activity By Grade
High School Students Who Reported Having Had Sex in
the Past 3 Months



Lincoln-Lancaster County Health Department

Public Health Comment: Sexual Activity

-David Humm

The care and protection of children is, first and foremost, a family concern. But when teenagers have babies, the consequences are felt throughout society. Children born to teenage parents are more likely to be low birth-weight infants and to suffer from inadequate health care. They also are more likely to leave high school without graduating and therefore more likely to be poor, which leads to a cycle of unintended consequences. The potential is great with 45.6% of U.S. high school students in 2001 reporting they have ever had sexual intercourse. In addition, 33.4% reported having had sexual intercourse during the previous 3 months. In Lancaster County trend data have shown a decline as the 36.2% of high school students who reported ever having sex in the 2003 data, down from 51.5% in 1991. Also 24.2% of teens reported having had sex in the previous 3 months in 2003, which is down from 34.8% in 1991. While Lancaster County has seen positive trends in these statistics, teenage sexual activity remains a primary public health concern.

Effectively addressing teenage sexuality within the community continues to be controversial. Personal opinions often become barriers and limit an individual's willingness to seek out factual information from other individuals, advocates and agencies capable of providing education in preventing unplanned pregnancies and sexually transmitted diseases. Responsible adults and family members can convey to children, even at a young age, clear and relevant information about sexuality and appropriate sexual behavior. Such advice can counter the often one-dimensional messages and images about sex that young people hear and see in popular culture, and may result in a willingness by teenagers to postpone sexual involvement.

It must be recognized that there is no magic solution to reducing teen pregnancy, childbearing and STD rates, nor will a single intervention work for all teens. It is essential to continue and expand a range of programs that embrace many strategies. Experts agree that holistic, comprehensive and flexible approaches are needed. The Lincoln Lancaster Teen Pregnancy Prevention Coalition is composed of a broad representation of community agencies working together to find common solutions. In addition, Abstinence Education, Male Responsibility, 40 Developmental Assets, and All Stars are among programs offered for expanding one's ability to communicate safe sexual lifestyle messages to youth.

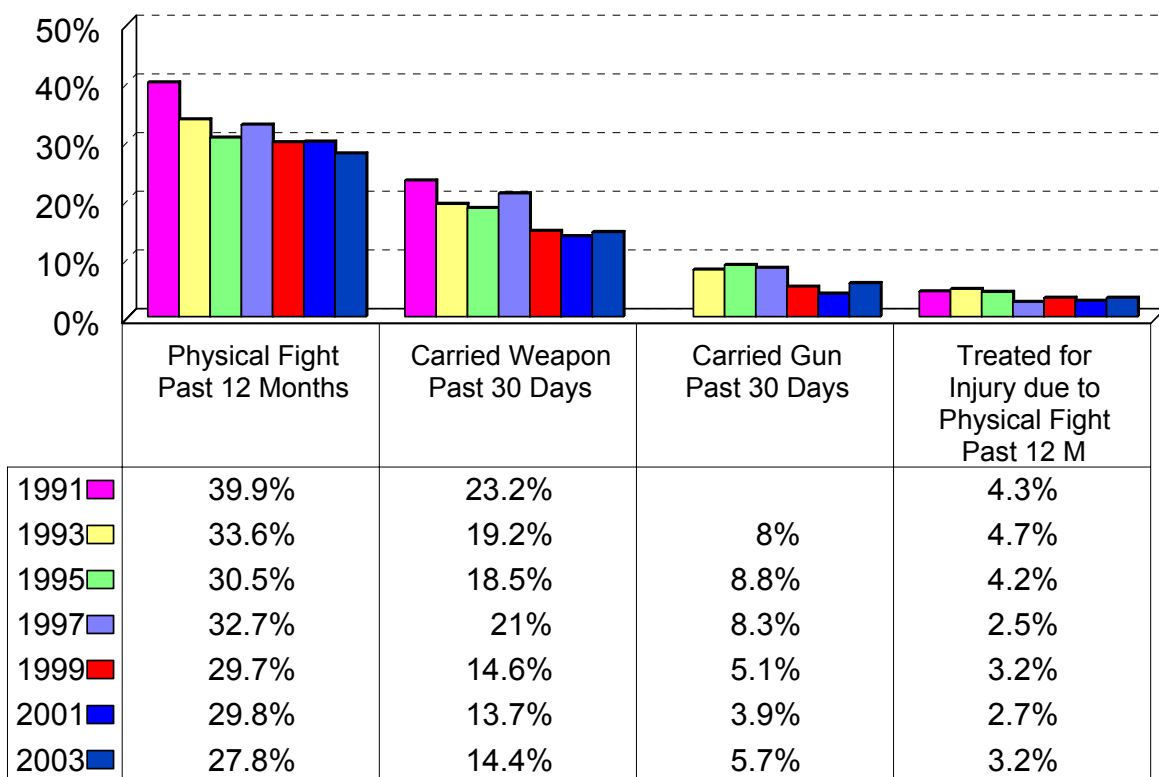
Violence

Youth violence poses major risks to health and safety. The Youth Risk Behavior Survey includes questions on physical fighting, weapons possession, injury as a result of physical fighting, weapon threats, school absence due to safety concerns, abuse, and forced sexual intercourse.

Highlights

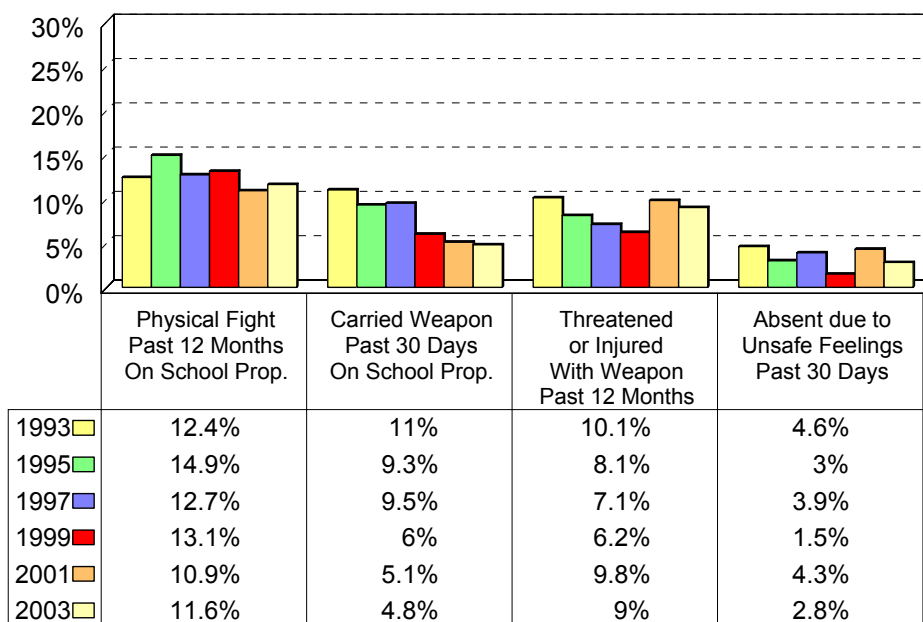
L In 2003, over one-fourth of teens reported having been involved in a physical fight during the 12 months preceding the survey; the rate has not changed much from the previous biannual survey in 2001 years. Other general indicators of violence and weapons possession continued to show a steady decline over time.

Figure 1: Violence*
High School Students



L Figure 2 shows that the proportion of teens involved in violence on school property in 2003 remained virtually unchanged from 2001.

Figure 2: Violence On School Property*
High School Students

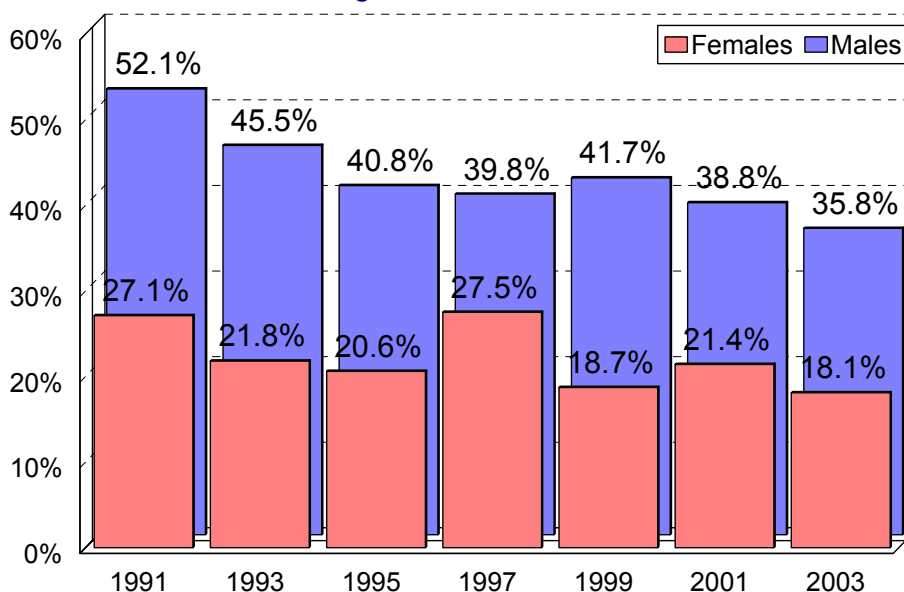


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*Grade Adjusted.

L As shown in Figure 3, similar to past surveys, males (35.8%) were more likely to report a physical fight than females (18.1%) during the 12 months preceding the survey.

Figure 3: Physical Fight Within Past 12 Months*
High School Students

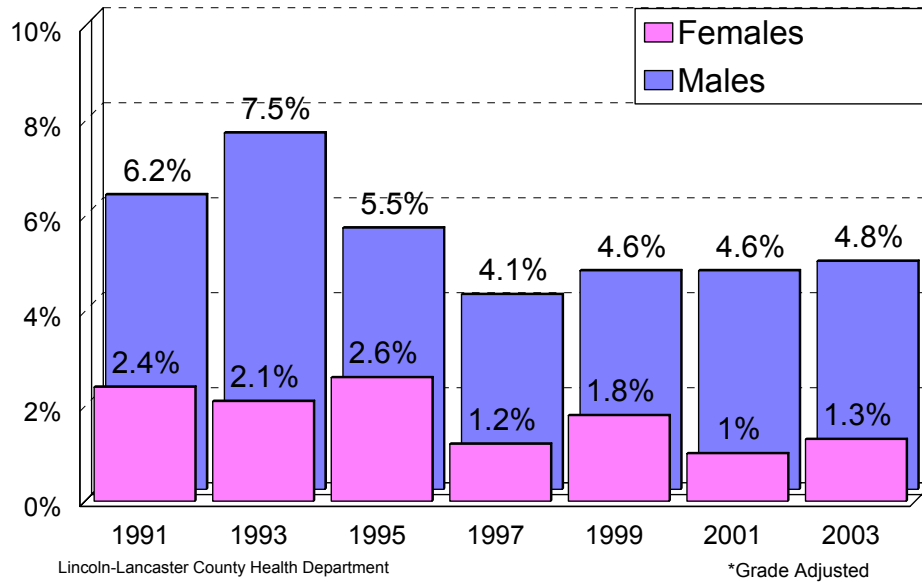


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*Grade Adjusted

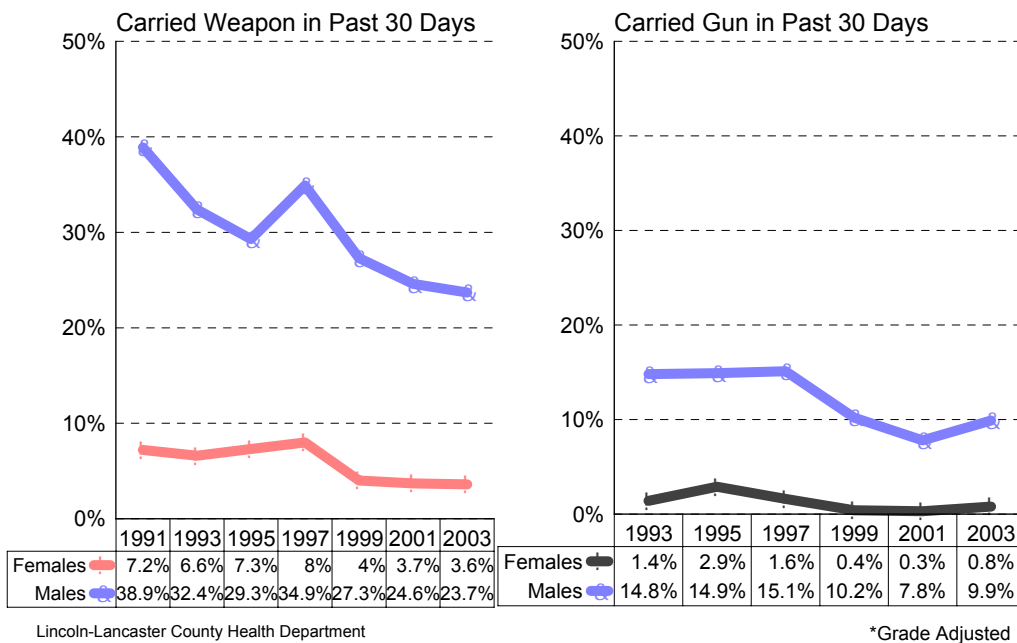
L As shown in Figure 4, a higher proportions of males (4.8%) were treated for an injury resulting from a fight than females (1.3%).

**Figure 4: Treated for Injury
Due to a Physical Fight in the Past 12 Months***
High School Students



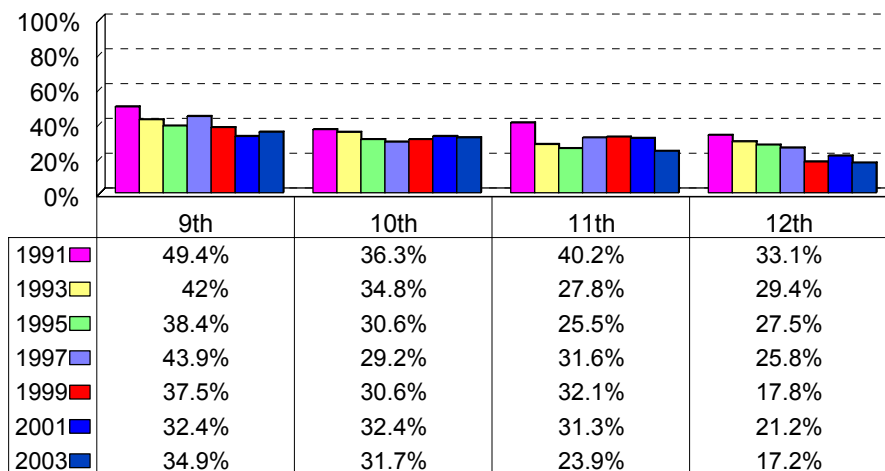
L Males were nearly seven times (23.7%) more likely to carry a weapon, and over twelve times (9.9%) more likely to carry a gun than females (3.6% and 0.8%, respectively).

Figure 5: Weapon and Gun Possession*
High School Students



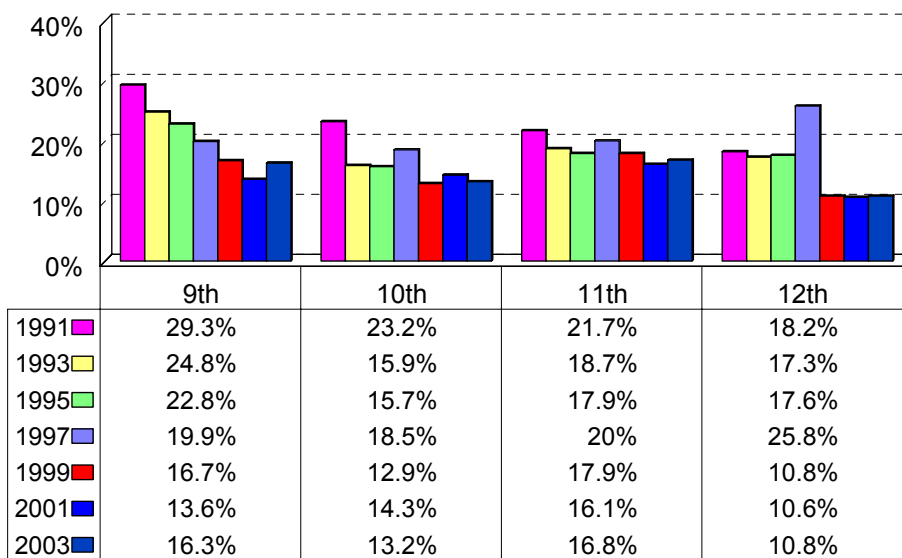
L Figures 6, 7 and 8 show the summary results for physical fights and weapon and gun possession by grade. Contrary to other risky behaviors, seniors (12 grade students) apparently are slightly less likely to engage in fights or to carry a weapons than 9th, 10th or 11th graders.

**Figure 6: Physical Fight Within
Past 12 Months By Grade
High School Students**



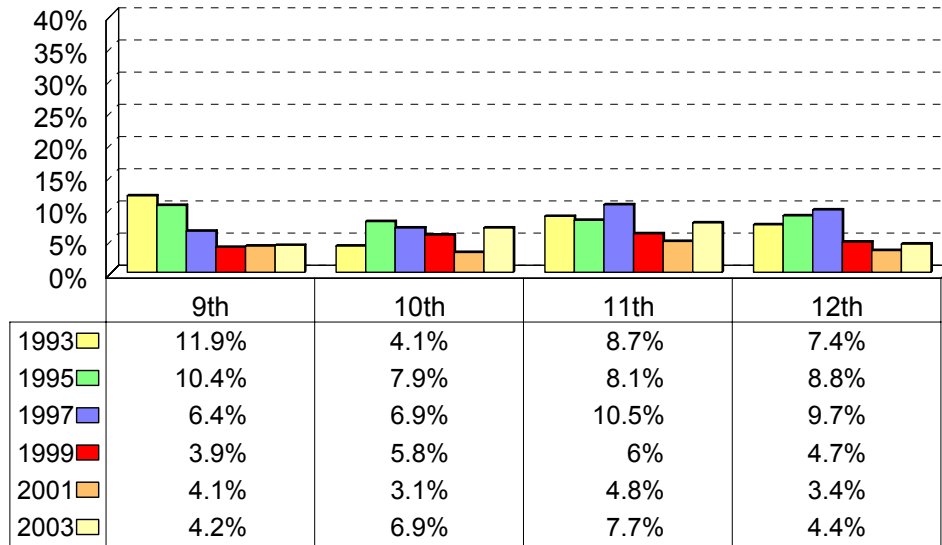
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**Figure 7: Weapon Possession by Grade
Carried Gun, Knife, or Club Within Past 30 Days**



Lincoln-Lancaster County Health Department

Figure 8: Gun Possession by Grade
Carried a Gun Within the Past 30 Days



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Public Health Comment: Violence

- David Humm

Violence among children and adolescents is a significant public health concern. Reducing violent behavior among young people is an important process that more people in the community need to become engaged in. In 2003, a decline in violent behavior among Lancaster County 12th grade students has been observed with 17.2% reporting being involved in a physical fight within the previous 12 months, down from 33.1% in 1991. Although these survey data show a decline in 12th grade students, a larger number of 9th grade students report violent behavior and the numbers have declined at a slower rate. In 2003, 34.9% of Lancaster County 9th grade students reported being involved in a physical fight within the previous 12 months, down only slightly from 42% in 1991. Because physical fights are so common, many people dismiss them as normal part of growing up. While it is true that teens have always engaged in fistfights; it appears that today, many teens carry deadly weapons. The prevalence of aggressive behavior poses a real and unacceptable threat to our children, schools and communities.

The origins of youth violence stem from environmental, social, physical and mental factors. Effective programs combine components that address both individual risks and environmental conditions, particularly building individual skills and competencies, parent effectiveness training, improving the social climate of the school, and changes in type and level of involvement in peer groups. We can teach young people how to avoid violent situations and help them develop the skills they need to resolve conflicts without resorting to violence. We can help parents provide a nonviolent home for their children and we can provide young people with mentors who serve as nonviolent role models. Too many factors contribute to violent behavior to be addressed by only one strategy. The most effective programs include several types of these interventions and strategies that complement one another.

Remember, children learn by watching us solve problems with respectful words and nonviolent actions. The most important way to teach children how to handle anger is to show that we can calm ourselves, think about our own actions, and take reasonable, nonviolent steps to change the situation that made us angry. Only when we respond to anger in a calm, respectful manner can we begin to help children control their own angry feelings. Prevent Child Abuse Nebraska's focus is on primary prevention of child abuse and neglect through educational programs and public awareness campaigns. Local grassroots organizations and groups like the Lincoln-Lancaster Community Child Abuse Prevention Council work together to learn how best to prevent abuse from occurring and provide assistance in developing effective abuse prevention programs, so that other family serving organizations in the community can be as proficient as possible while providing direct services.

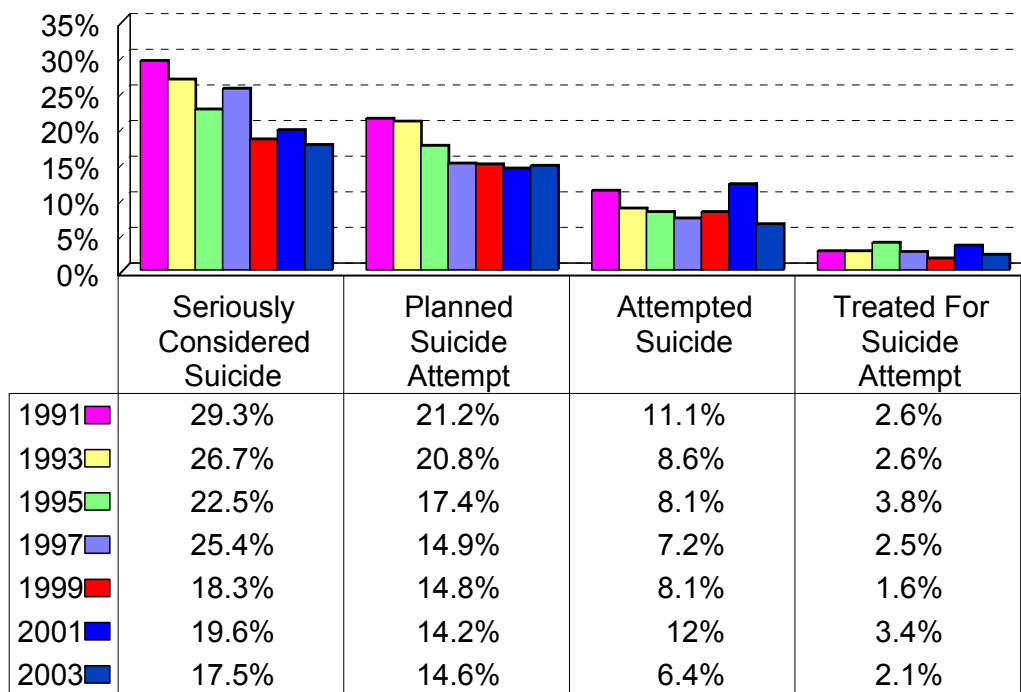
Suicide

As surprising as it may be to many, suicide is the third leading cause of death for young people aged 15 to 24. The Youth Risk Behavior Survey includes questions on feeling sad and hopeless, considering suicide, planning suicide attempts, attempting suicide, and medical treatment for injuries due to a suicide attempt.

Highlights

Figure 1 shows trends in suicidal ideation (thoughts and plans) and attempts among Lancaster county teens from 1991 to 2003. Both suicidal thoughts and plans have declined since 1991.

Figure 1: Suicide Ideation and Attempts*
High School Students, Reported During the Past 12 Months



Lincoln-Lancaster County Health Department

*Grade Adjusted

Female teens reported higher levels of depression, suicide thoughts, and suicide plans, than did male students in 2003. This was also evident in all six biannual survey years (Figure 2 & 3).

Figure 2: Suicide Ideation and Attempts*
2003 High School Students, Reported During the Past 12 Months

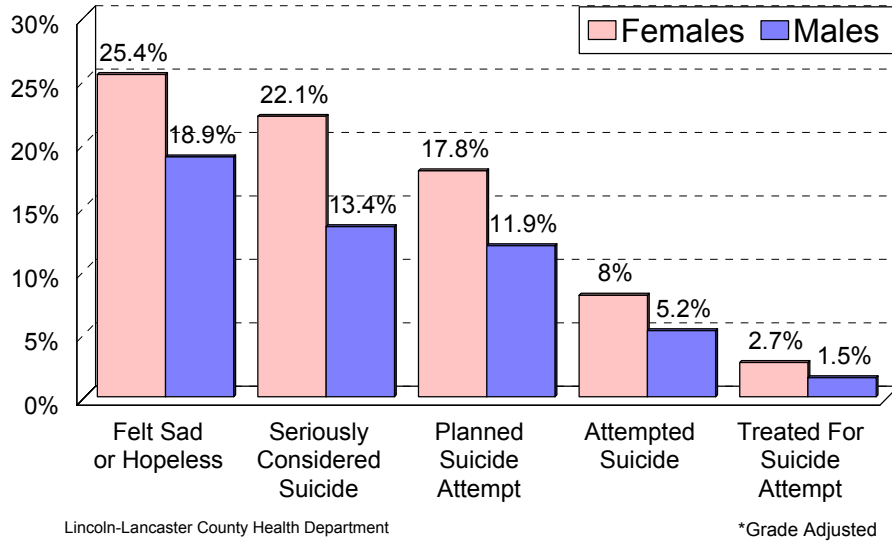
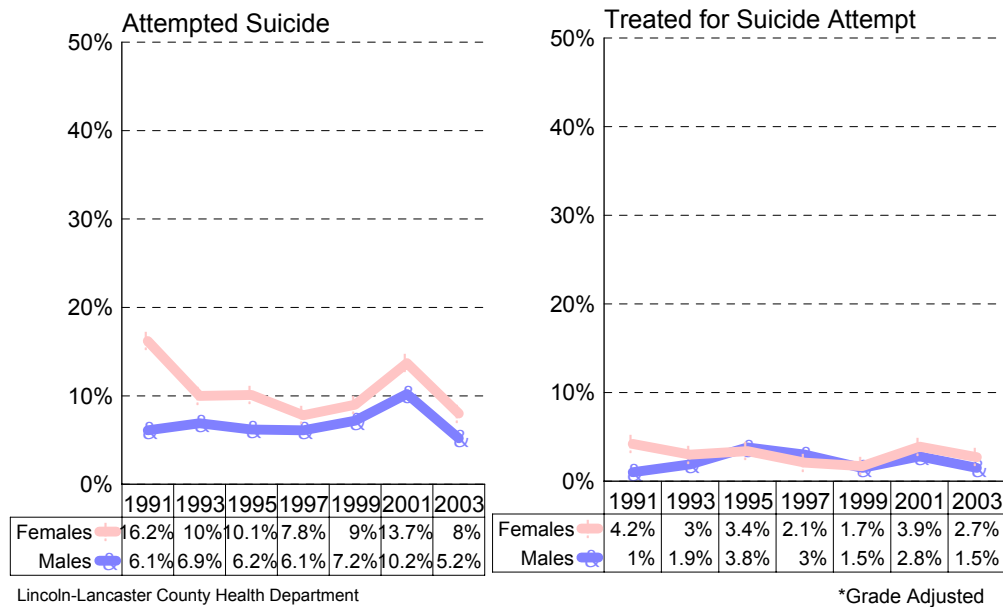


Figure 3 shows that there was little difference between the percentage of males and females who reported either suicide attempts or injuries requiring medical treatment.

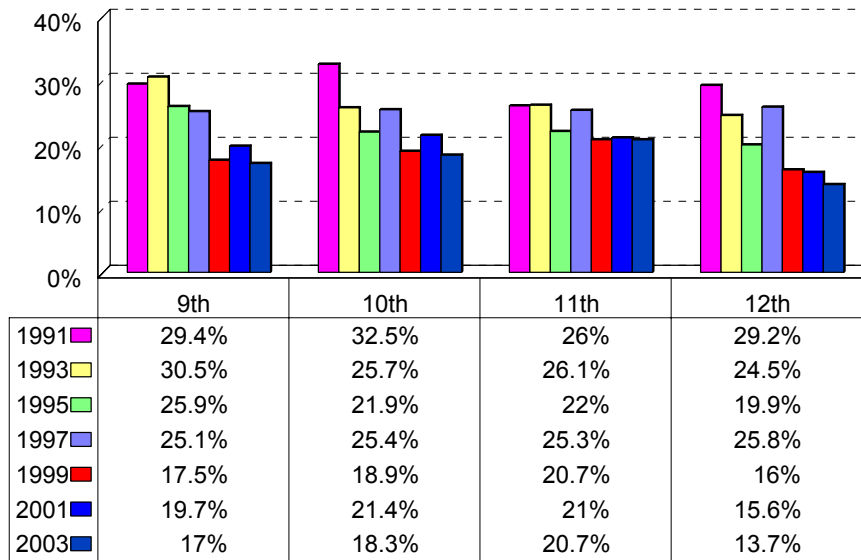
Figure 3: Suicide Attempts and Injuries*
High School Students, Reported During the Past 12 Months



L

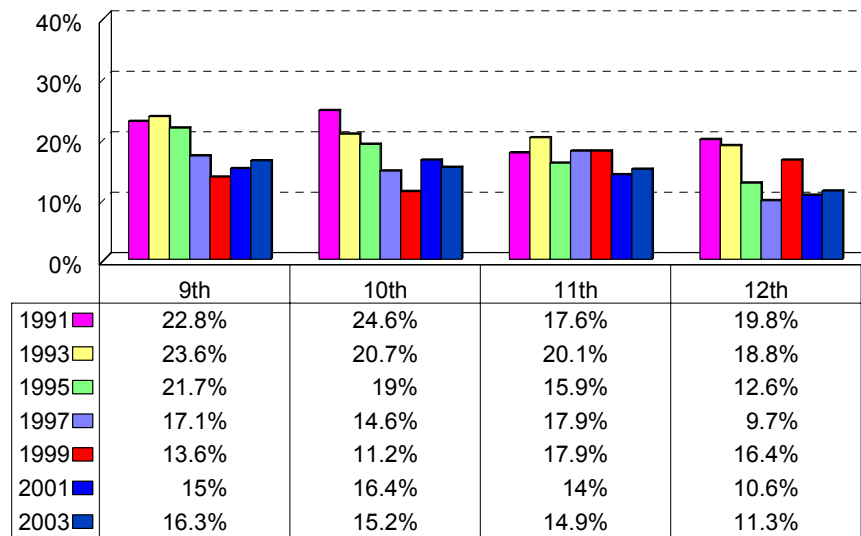
Figures 4, 5, 6, 7 and 8 present reported suicide thoughts, attempts and injuries by individual grades. These figures show that generally, 9th, 10th and 11th grade students are more likely to consider suicide than 12th grade students. Nevertheless, the percentage are still high in all grade levels, despite the positive downward trend experienced since 1991.

Figure 4: Suicide Consideration by Grade
High School Students, Reported During the Past 12 Months



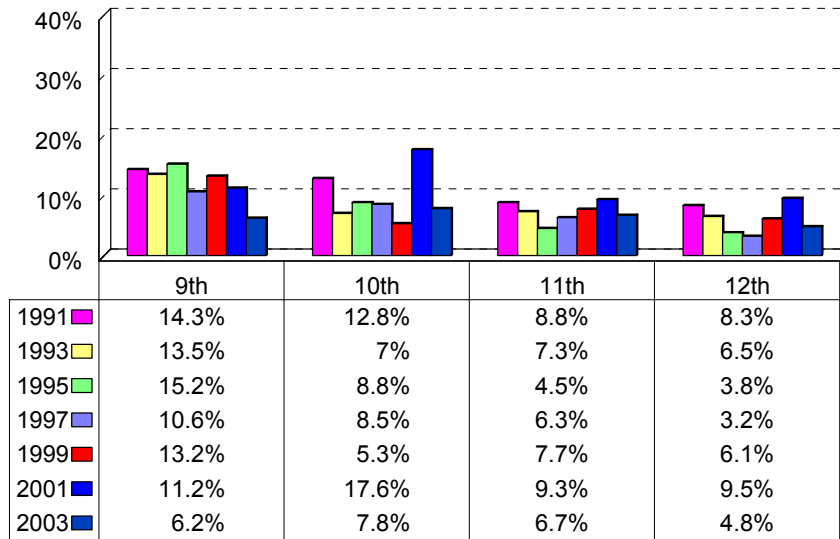
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Figure 5: Planned Suicide Attempt by Grade
High School Students, Reported During the Past 12 Months



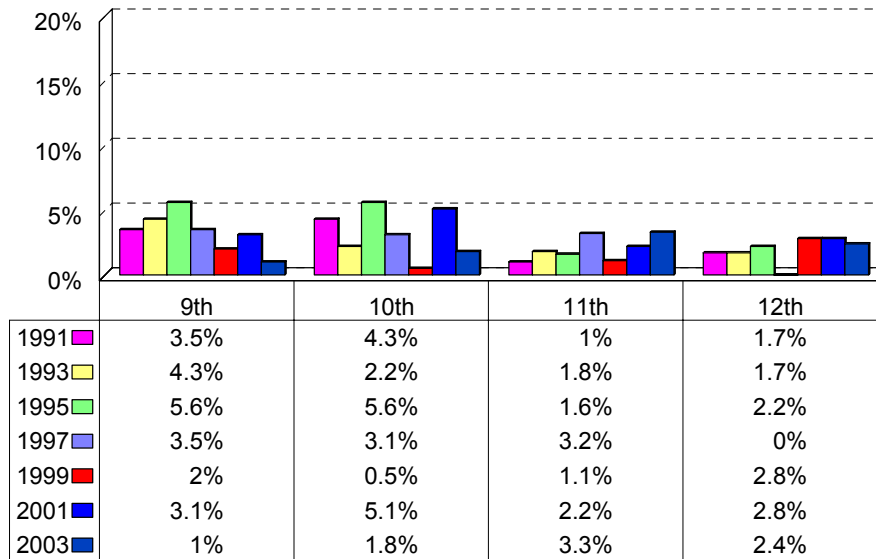
Lincoln-Lancaster County Health Department

Figure 6: Suicide Attempt by Grade
High School Students, Reported During the Past 12 Months



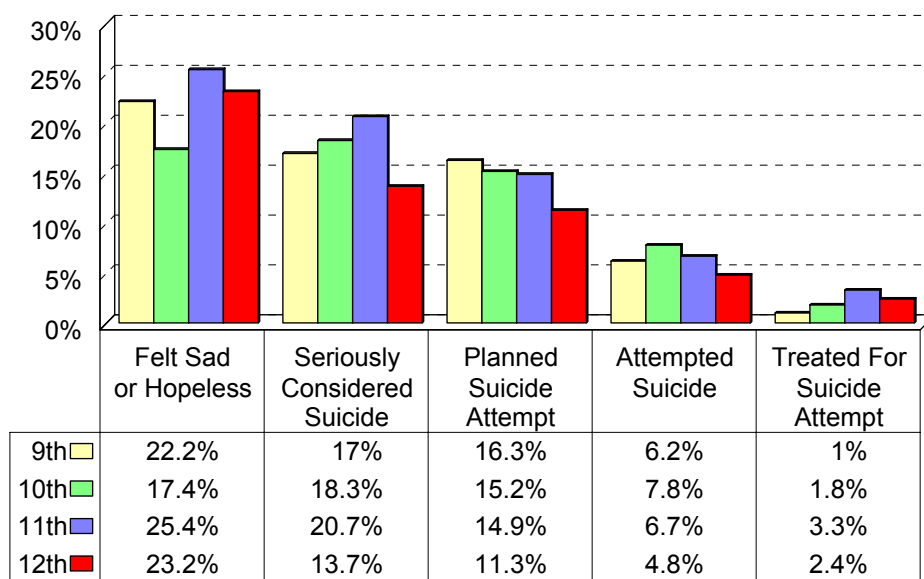
Lincoln-Lancaster County Health Department

Figure 7: Treated for Suicide Attempt, by Grade
High School Students, Reported During the Past 12 Months



Lincoln-Lancaster County Health Department

Figure 8: Suicide Ideation and Attempts
 2003 High School Students, Reported During the Past 12 Months



Lincoln-Lancaster County Health Department

Public Health Comment: Suicide

-David Humm

Nationally, suicide is the third leading cause of death for young people aged 15 to 24. Most suicidal persons desperately want to live, but they are unable to see alternatives to their problems. Most of them also give definite warnings of their suicidal thoughts, however, those closest to them are either unaware of the significance of these warnings or do not know how to respond to them. Fortunately, the number of Lancaster County high school students that have seriously considered or attempted suicide has been declining. In 1991, 29.3% of students reported seriously considering suicide and 11.1% reported attempting suicide. In 2003, those numbers are down as 17.5% of students reported that they had seriously considered suicide while only 6.4% stated they had attempted suicide.

Suicide is a complex behavior that requires intense preventive measures. The fact that many teenagers engage in risky behaviors that greatly increase their likelihood of death leads some health experts to believe that such behaviors may be suicidal in nature. For example, high school students who engage in substance abuse and/or sexual activity are more likely to attempt suicide. Scientific research has shown that recognition and appropriate treatment of mental and substance abuse disorders is the most promising way to prevent suicide and suicidal behavior in all age groups.

Nebraska began forming action groups in 1999 to look at suicide prevention planning. The action groups organized suicide prevention activities around the surgeon general's recommendations for action in three areas: Awareness, Intervention and Methodology. Representative from across the state are involved in efforts. Notably, the Southeast Nebraska Suicide Prevention Project has developed a suicide prevention curriculum that introduces risk factors, warning signs and appropriate interventions for suicide. The curricula will be used to develop and maintain local expertise in suicide prevention.

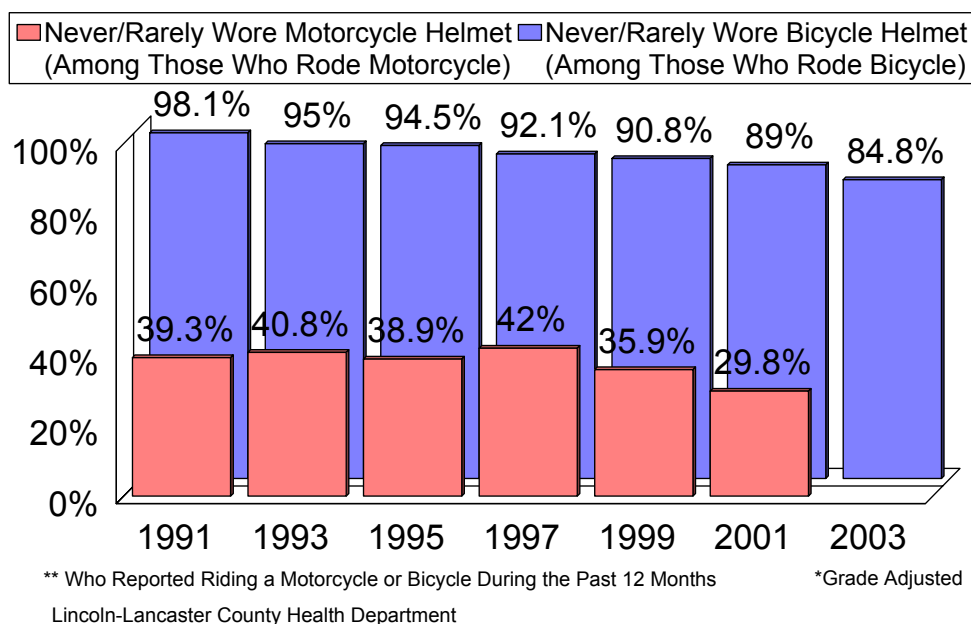
Helmet and Seatbelt Use

The Youth Risk Behavior Survey asked students various questions about safety and violence related behavior. More specifically, students were asked about helmet use while operating a motorcycle or bike and seatbelt use while driving or riding a motor vehicle.

Highlights

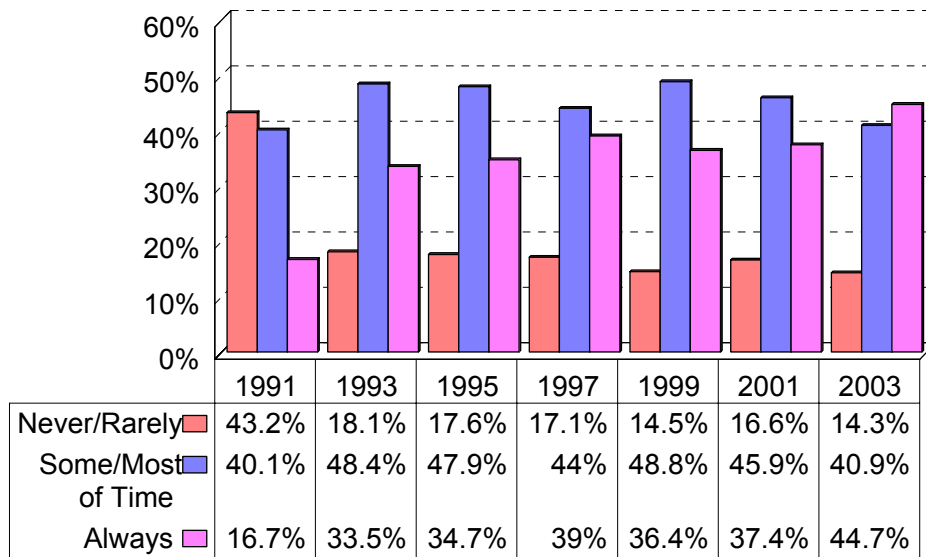
L As shown in figure 1, the reported usage of bicycle helmets by Lancaster County teens has increased substantially since 1991. Only 84.8% of youths reported never/rarely wearing a bicycle helmet in 2003 compared to 98.1% in 1991 (a question on helmet use by motorcyclist was not asked in 2003).

Figure 1: Helmet Use*
High School Students**



L The percentage of teens who reported always wearing their seatbelts when riding in a car driven by someone else decreased from 39% in 1997 to 37.4% in 2001 (Figure 2).

Figure 2: Seatbelt Use*
High School Students Who Rode With Someone Else

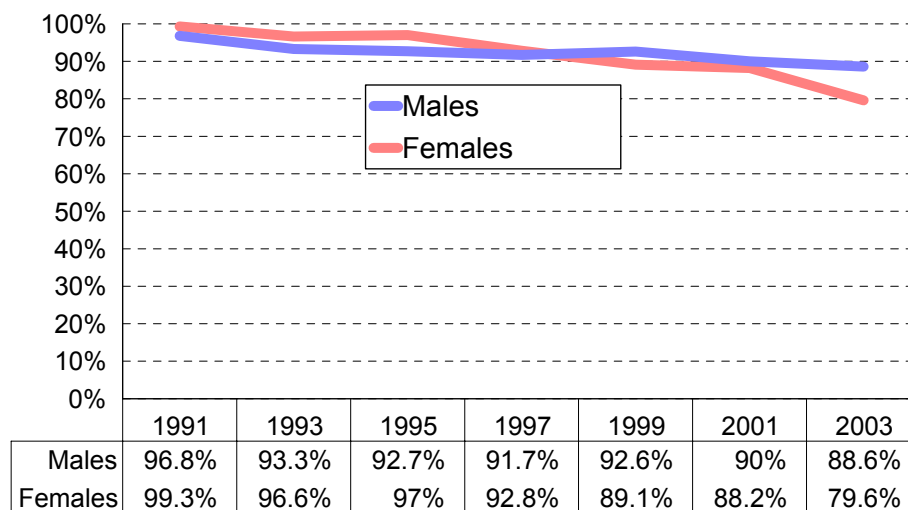


Lincoln-Lancaster County Health Department

*Grade Adjusted

Figure 3 indicates that the percentage of teens who reported never or rarely wearing a helmet when riding a bicycle has declined significantly for both female or male teens from 1991 to 2003, nevertheless only a small percentage (slightly over 20 percent of females and 10 percent of males) routinely wear bicycle helmets.

Figure 3: Rare Helmet Use (Bicycle)*
Never or Rarely Wore a Bicycle Helmet
(High School Students Who Reported Riding Bicycle in Past 12 Months)

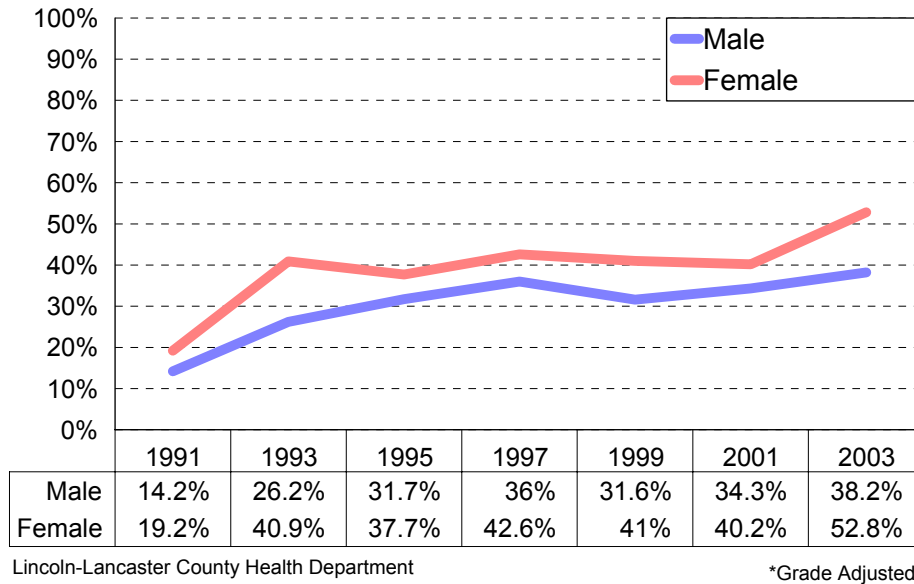


Lincoln-Lancaster County Health Department

*Grade Adjusted

L Seatbelt use while riding a car driven by someone else has increased significantly since 1997. Female teens were more likely to use a seatbelt than male teens (Figure 4).

Figure 4: Seatbelt Use*
Always Wear a Seatbelt When Riding in a Car Driven by Someone Else
High School Students



L Figures 5 and 6 respectively show bicycle helmet use (never or rarely wore) and seatbelt use while riding in a car driven by someone else for respondents of different school grades.

Figure 5: Rare Helmet Use (Bicycle) by Grade
Never or Rarely Wore a Bicycle Helmet
(High School Students Who Reported Riding Bicycle in Past 12 Months)

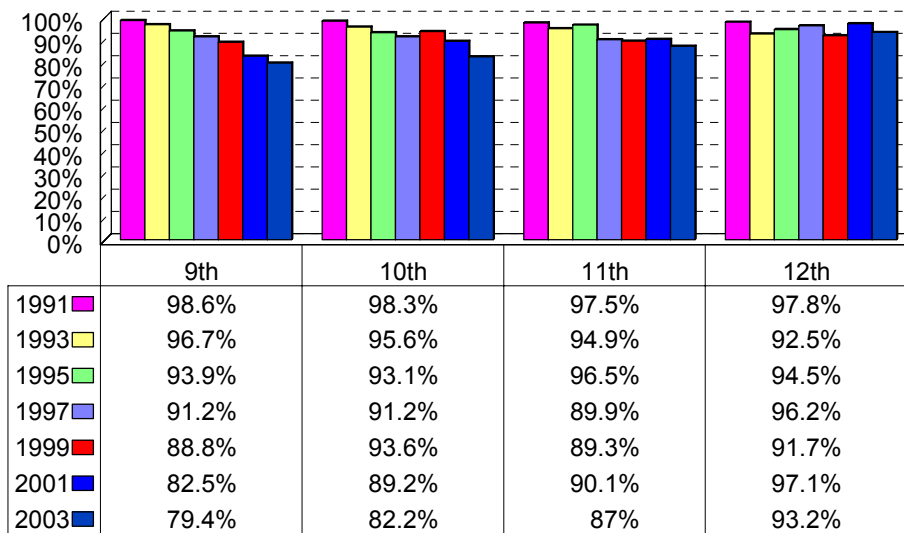
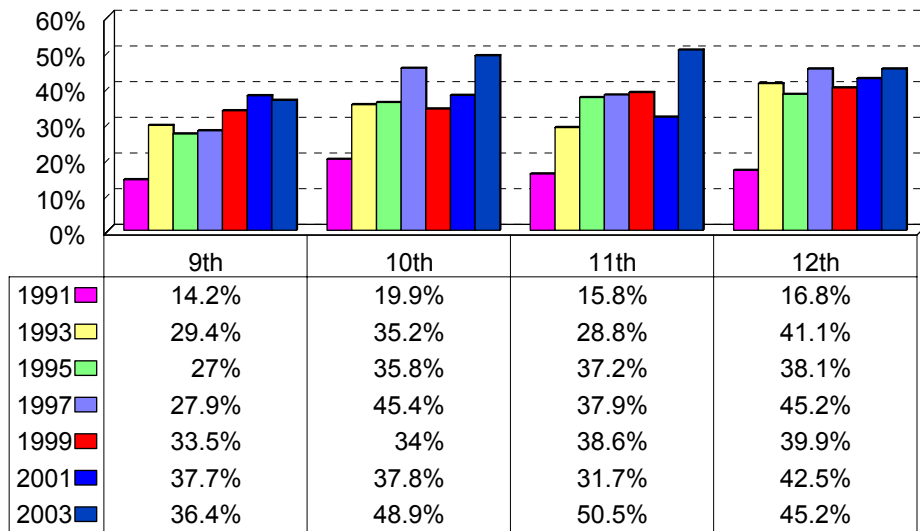


Figure 6: Seatbelt Use by Grade
Always Wear a Seatbelt When Riding in a Car Driven by Someone Else
High School Students



Lincoln-Lancaster County Health Department

Public Health Comment: Seatbelt and Helmet Use

-Brian Baker

Unintentional injury is the leading cause of death for adolescents in the United States. More than 4,000 youth 11 to 18 years of age die each year in motor vehicle crashes, making this category the leading cause of adolescent unintentional injury death. Occupant restraints (seatbelts) are proven to reduce the risk of death and serious injury in a crash by 55% when used properly. In 2003, only 44.7% of surveyed Lancaster County youth reported wearing a seatbelt when riding with someone else. Nationally, teenage males lag behind female teens in seatbelt use. In 2001, 18.1% of high school males said they rarely or never wore a seatbelt as a passenger, compared to 10.2% of high school females.

Head injury is the leading cause of death and disability in bicycle crashes. Over 315,000 youth were injured in pedal-cycle crashes during a two year period, 2001-2002. Children and youth are 14 times more likely to survive a bike crash if they are wearing a helmet. However, in 2003, 84.8% of students who rode a bicycle during the past 12 months never or rarely wore a bicycle helmet.

Community education and enforcement efforts have had some positive impact on rates of seatbelt and helmet use by youth. However, usage rates of seatbelts and helmets among youth remain disproportionately low as compared to other age groups. The personal and economic costs paid by individuals and the community for these injuries warrant an increased commitment to prevent them by families, safety advocates, and public and private sector organizations.

The Lincoln-Lancaster County SAFE KIDS Coalition is comprised of individuals representing the public and private sectors and is committed to addressing occupant restraint and helmet use among our children and youth. The Coalition's Child Passenger Safety Task Force provides education and services to parents with the intent of creating a high priority early in the child's life of consistent use of occupant restraints that will continue through the teen and adult years. The Coalition's Sports and Wheeled Sports Task Force works with middle schools to conduct presentations on the importance of helmet use and provides free helmets to students pledging to wear them. This task force also works with state and local policy makers in an effort to introduce and strengthen bicycle safety and helmet use policies.

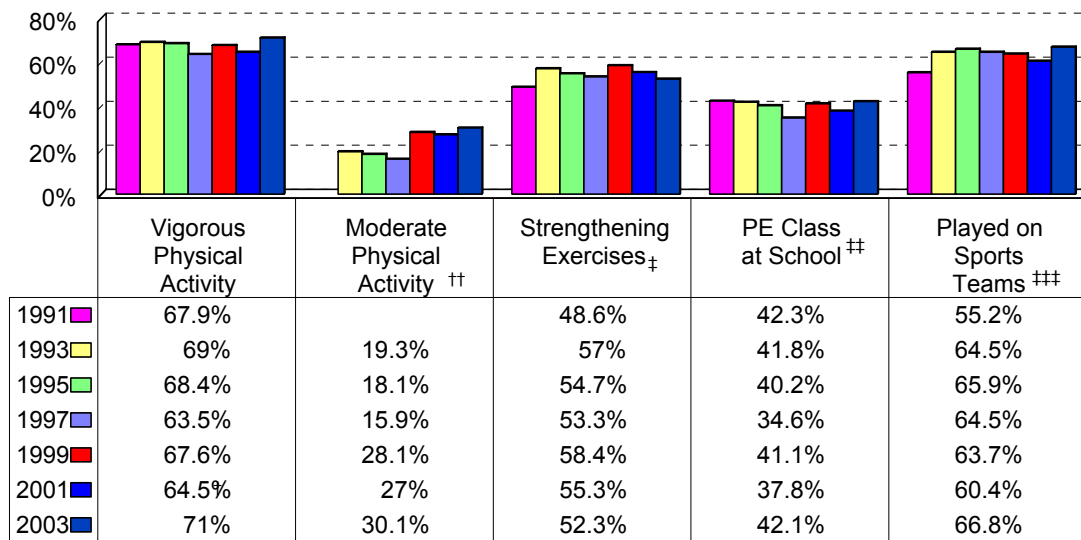
Physical Activity

Regular physical activity can increase life expectancy. Physical activity can also enhance mental health and self-esteem, of particular benefit to adolescents. The Youth Risk Behavior Survey includes questions on intensity, frequency, and duration of exercise; strength training; physical education class participation; sporting teams; television viewing; and injury due to exercise or sports. For purposes of this report regular physical activity is characterized as: vigorous -- 20 or more minutes of exercise that causes one to sweat or breathe hard on three or more of the previous seven days, moderate -- 30 or more minutes of exercise that does not cause one to sweat or breathe hard on five or more of the previous seven days, strengthening -- exercise to strengthen or tone muscles on three or more of the previous seven days.

Highlights

Figure 1 shows overall physical activity level by the Lancaster County teens. The prevalence of reported physical activity in 2003 increased from 2001. Seven out of every 10 teens reported vigorous physical activity in 2003.

Figure 1: Physical Activity*
High School Students



[†] physical activity that made you sweat and breathe hard for at least 20 minutes, on 3 or more of the previous 7 days

^{††} physical activity that did not make you sweat or breathe hard, for at least 30 minutes, on 5 or more of the previous 7 days

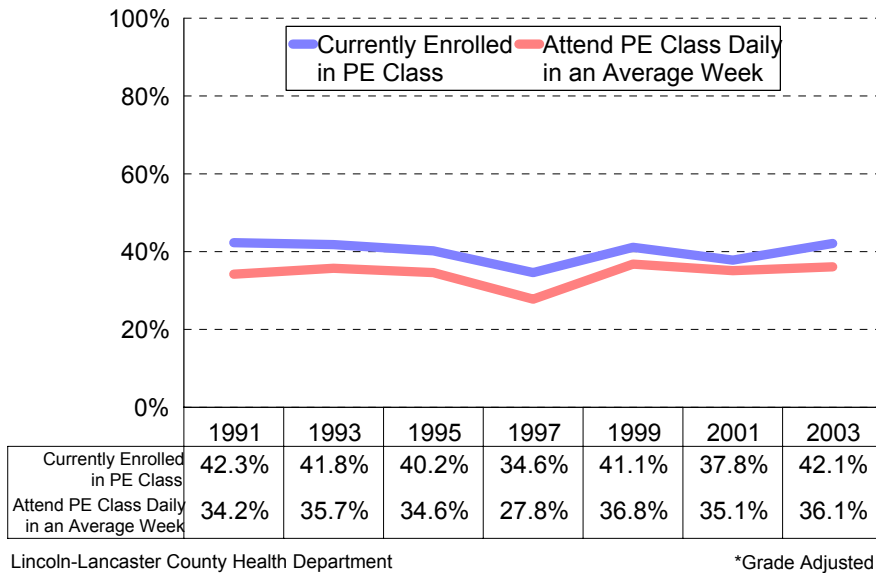
[‡] strengthened or toned muscles, on 3 or more of the previous 7 days

^{††} have physical education class on 1 or more days in average week at school

^{†††} played on 1 or more sports teams in the past 12 months, either run by school or community groups

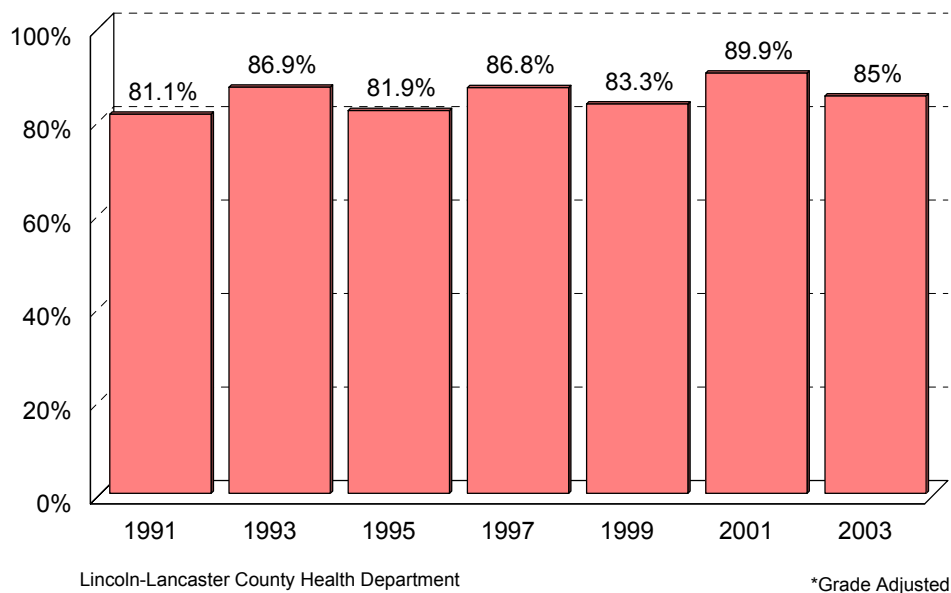
L In 2003, over one-third of respondents (42.2%) reported being currently enrolled in physical education class (at school), while 36.1% of respondents also reported attending their physical education class daily in an average week (Figure 2).

**Figure 2: Physical Education Class (at School)
High School Students**



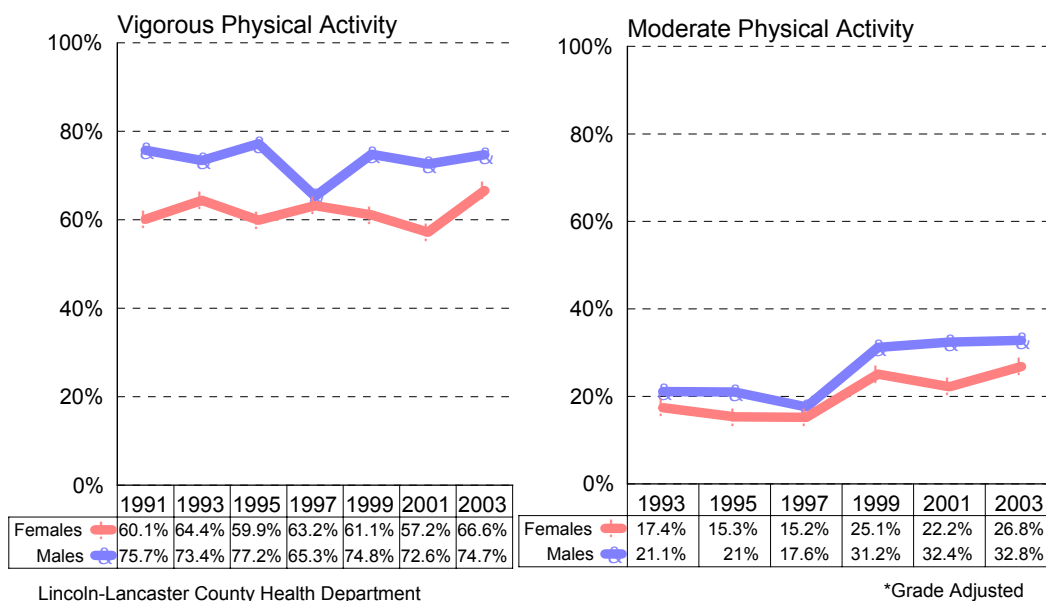
L Among teens who were enrolled in physical education classes at school, the great majority (85% in 2003) reported that they actually exercise or play sports more than 20 minutes during an average physical education class (Figure 3).

**Figure 3: Exercise 21 or More Minutes
In an Average PE Class*
High School Students Currently Enrolled in School PE Class**



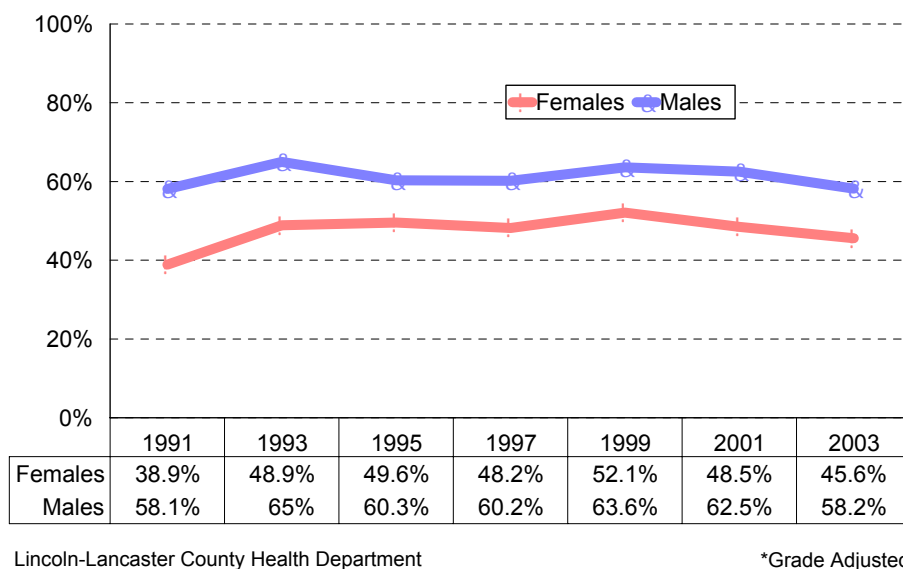
L Figure 4 shows that male teens were more likely than female teens to report engaging in both vigorous (20 or more minutes of exercise that causes one to sweat or breath hard) or moderate physical activity(30 or more minutes of less physically stressful activity).

Figure 4: Physical Activity Level*
High School Students



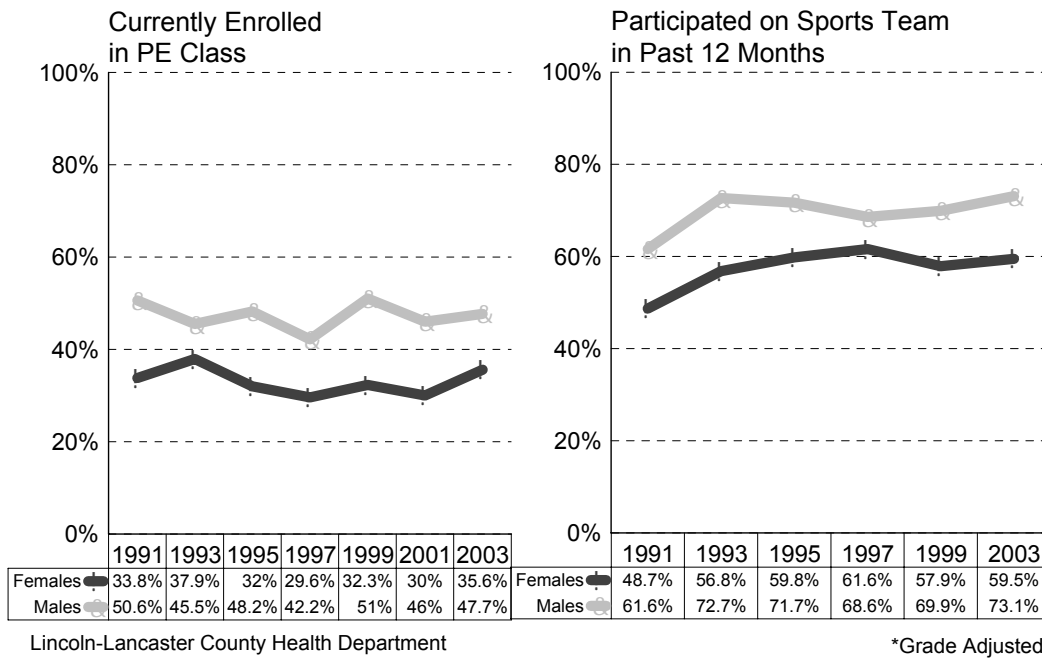
L Figure 5 shows that males (58.2%) were also more likely to engage in exercise to strengthen or tone their muscles than females (45.6%).

Figure 5: Exercised to Strengthen Muscles*
High School Students



L Figure 6 reveals that the rates of enrollment in physical education class and participation on a sports team (in the month preceding the survey) were persistently higher among male teens.

Figure 6: Physical Education Class and Sports Teams*
High School Students



L Figures 7, 8 and 9 show various physical activity by different grades.

Figure 7: Vigorous Physical Activity by Grade
High School Students

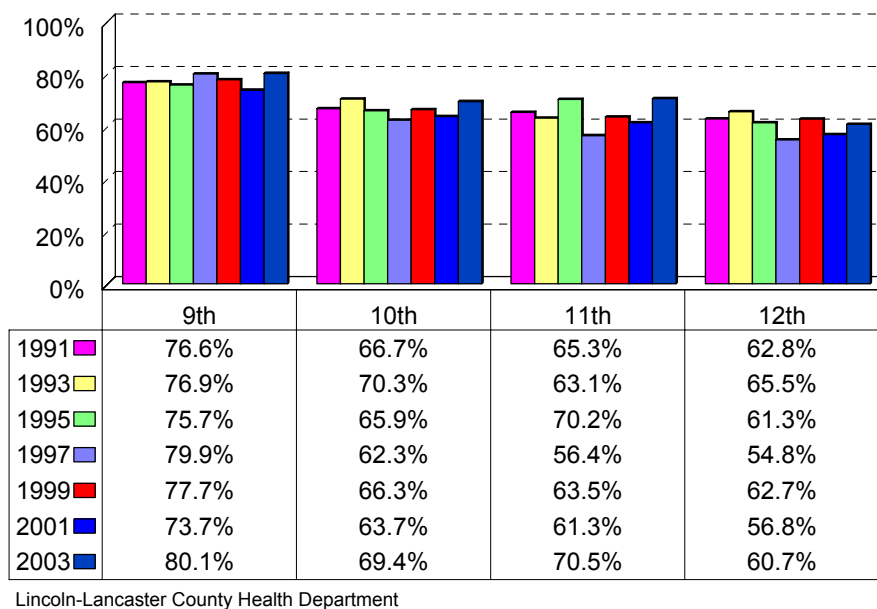
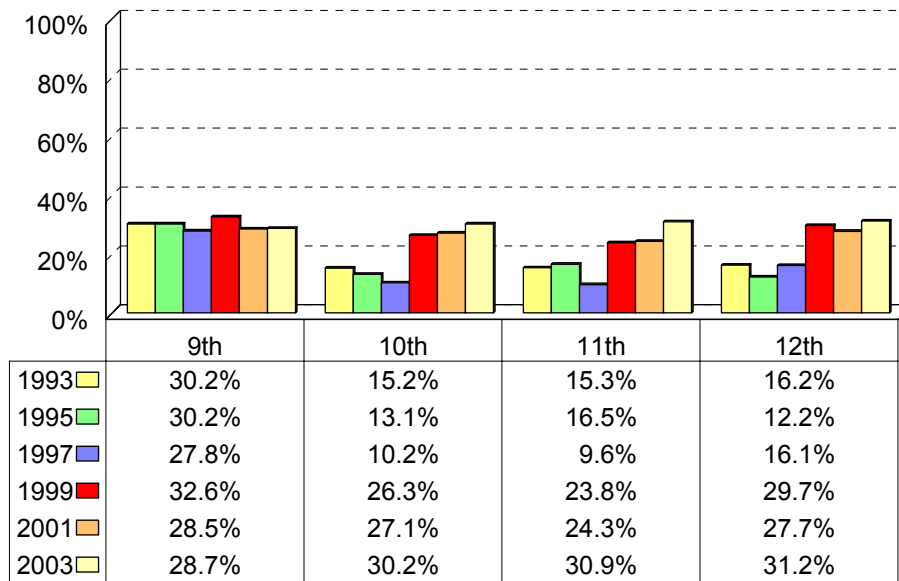
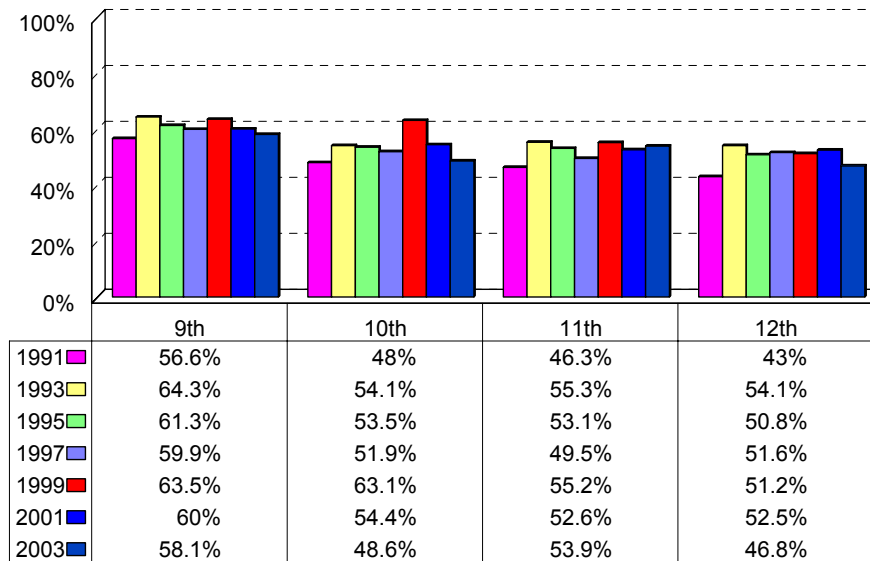


Figure 8: Moderate Physical Activity by Grade
High School Students



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Figure 9: Strengthening Exercise by Grade
High School Students



Lincoln-Lancaster County Health Department

Public Health Comment: Physical Activity

-Mike Heyl

The scientific evidence continues to grow year after year regarding the positive correlation between physical activity and health outcomes. People who start a regular, moderately intense routine of physical activity in their youth and maintain it into adulthood are healthier, happier, and more productive individuals. Fortunately, Lancaster County has seen an increase in moderate physical activity among high school students with 30.1% reporting this in 2003, up from 19.3% in 1991. This is a good sign, but an effort to better maintain physical activity from 9th to 12th grade is a necessary step to sustain exercise into adulthood. In 2003, for the first time in a decade a higher percentage of 12th grade students reported moderate physical activity (31.2%) than 9th grade students (28.7%). Nevertheless, it should be apparent that 30 percent is much too low and more young people need to move into adulthood with routines already established rather than struggling to develop them after high school.

Families are key to increasing physical activity by modeling and supporting participation in physical activity programs and initiatives. Schools are essential to the effort by including quality, daily physical and health education, recess, and extracurricular activities to develop the knowledge, attitude, skills, behaviors, and confidence to adopt and maintain physically active lifestyles. A community structural environment that makes it easy and safe for young people to walk, ride bikes, and use close-to-home physical activity facilities is also essential.

In May 2003, the Governor's Council on Health Promotion and Physical Fitness released a document that outlined what can realistically be addressed by communities across the state to enhance efforts and promote a more active lifestyle for Nebraska's youth. Strategies regarding families, schools and communities were included with all of them designed to promote lifelong participation in enjoyable and safe physical activity.

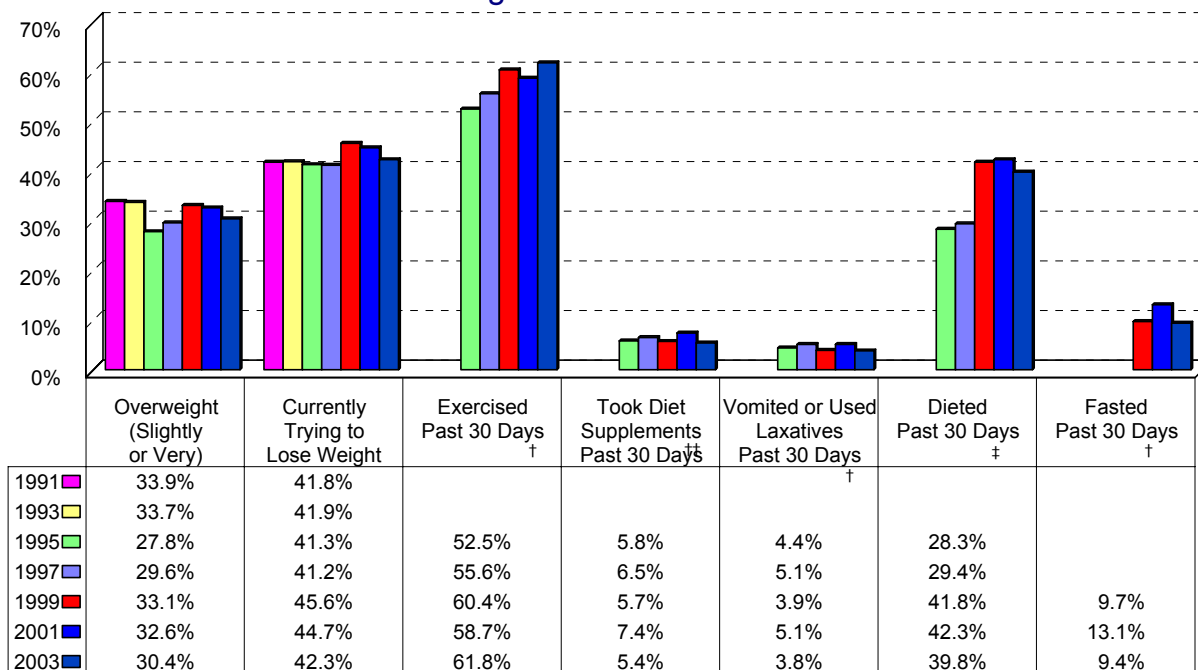
Body Weight and Weight Loss

This section summarizes what the YRBSS asks students about their height and weight, how they feel about their weight and what, if anything, they are doing to control their weight as it relates to exercise, diet, fasting, diet supplementation, and vomiting and laxative use.

Highlights

Figure 1 shows that there was little change in the percent of teens reporting they were overweight (“slightly” or “very”) from 1991 to 2003. The percentage of teens reporting that they are currently trying to lose weight also changed very little. The percentage of teens reporting that they exercised or dieted during the past 30 days to maintain or lose weight has shown an inconsistent trend since 1995. The percentage of teens reporting that they used dietary supplements, vomited or used laxatives to maintain or lose weight in the past 30 days was 39.8 percent in 2003.

Figure 1: Body Weight & Weight Loss Behaviors*
High School Students



[†] "to lose weight or keep from gaining weight"

^{†‡} "took diet pills, powders, or liquids without a doctor's advice to lose weight (does not include meal replacement products)"

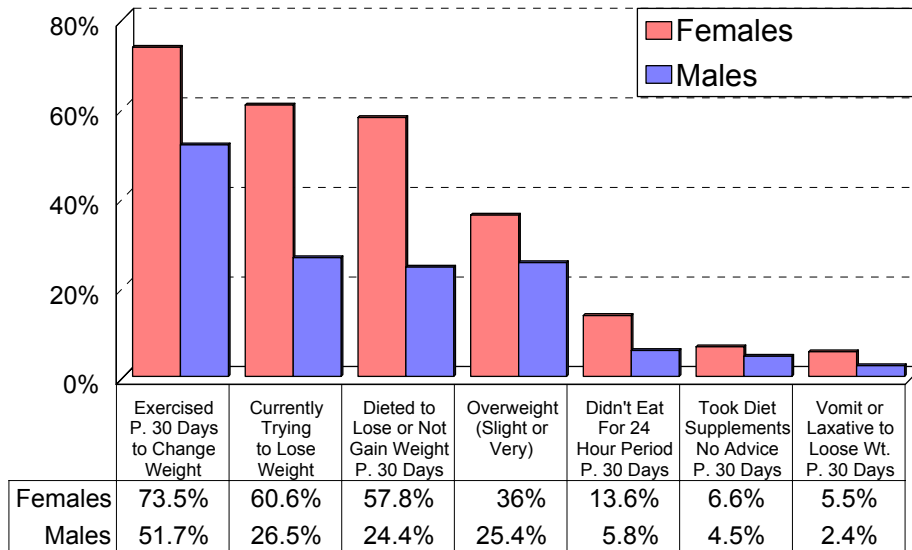
[‡] 1999: "ate less food, fewer calories, or foods low in fat to lose weight or keep from gaining weight" 1997, 1995: "dieted"

* Grade Adjusted

L

Across all the survey years, female teens were considerably more likely than male teens to report that they are overweight or that they engage in weight loss behaviors (Figures 2, 3 and 4).

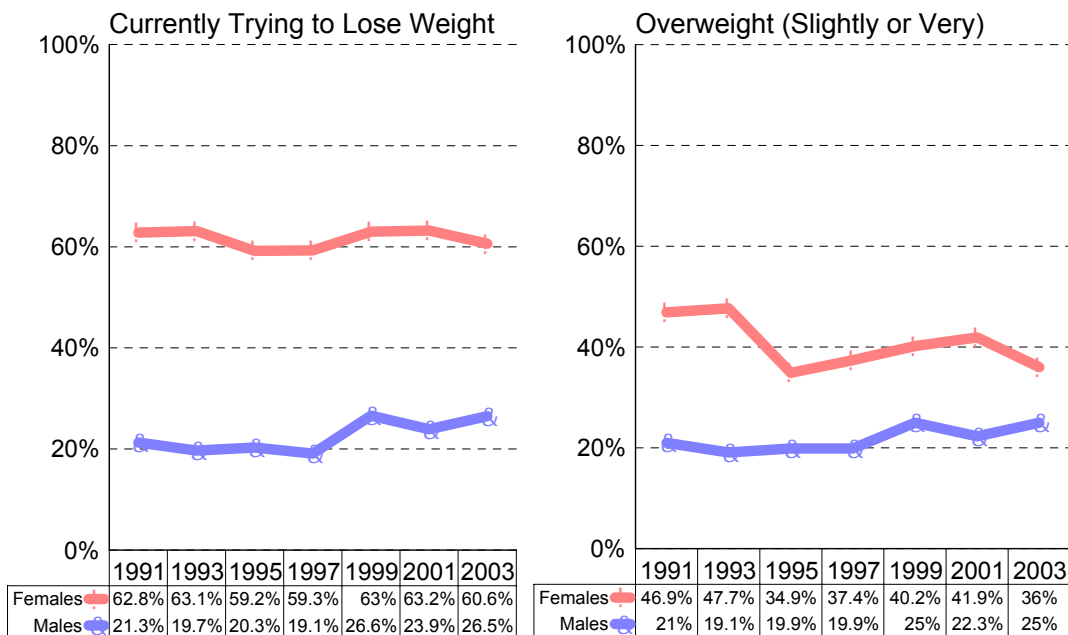
Figure 2: 2003 Body Weight and Weight Loss*
High School Students



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*Grade Adjusted

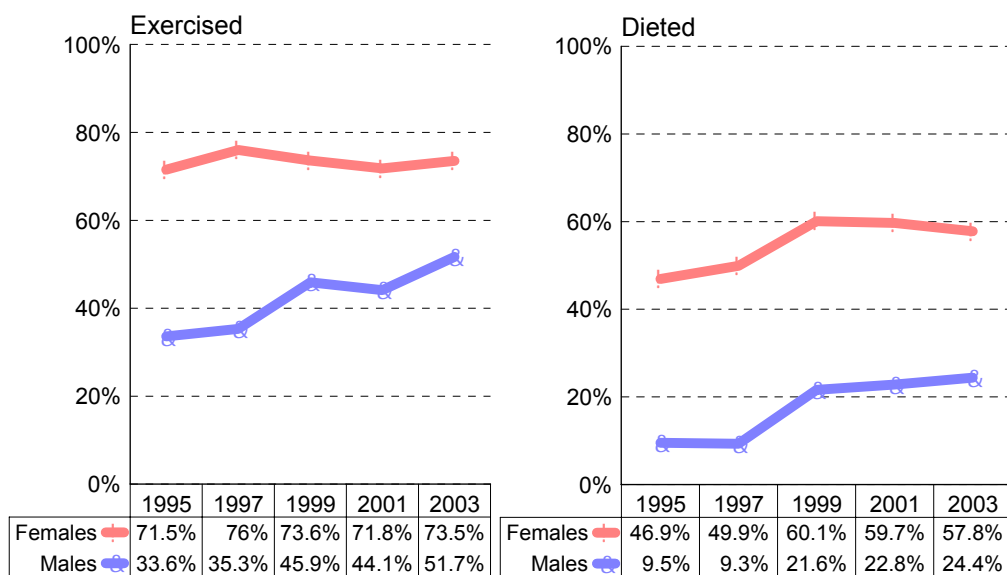
Figure 3: Overweight and Weight Loss*
High School Students



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*Grade Adjusted

Figure 4: Exercise and Diet*
High School Students Who Reported Exercising or Dieting to Lose or Maintain Body Weight During the Past 30 Days

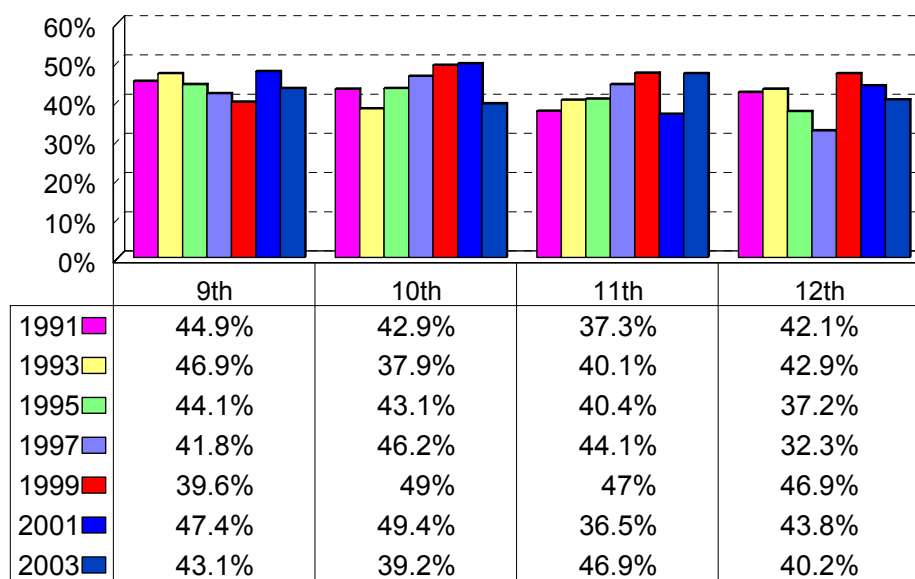


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*Grade Adjusted

Figures 5, 6 and 7 show reports of weight loss intent, exercise and dieting among teens in all grades surveyed.

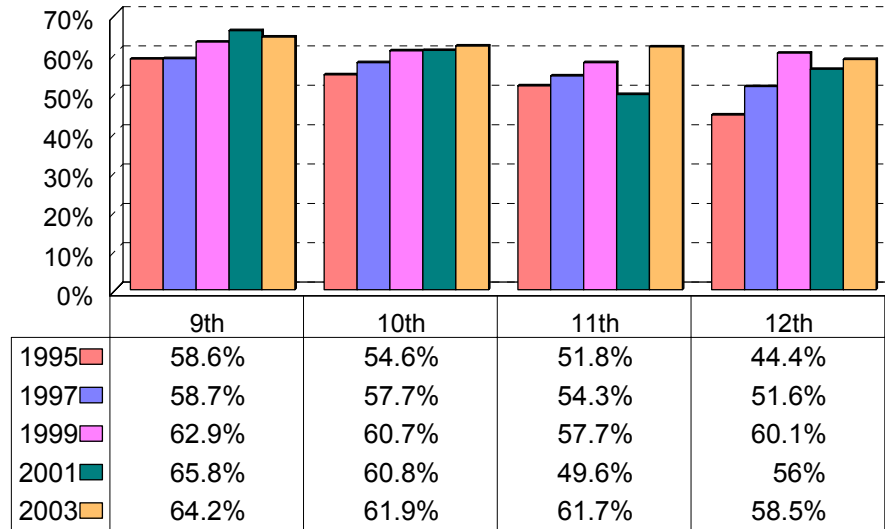
Figure 5: Weight Loss By Grade
High School Students Who Reported Currently Trying to Lose Weight



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Figure 6: Exercise By Grade

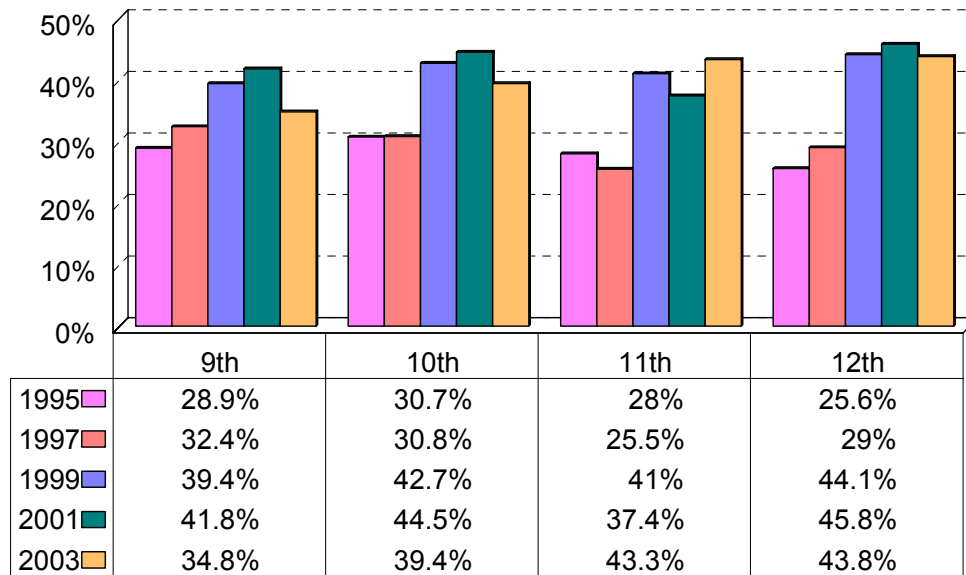
High School Students Who Reported Exercising to Lose or Maintain Body Weight During the Past 30 Days



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Figure 7: Dieted By Grade

High School Students Who Reported Dieting to Lose or Maintain Body Weight During the Past 30 Days



Lincoln-Lancaster County Health Department

Public Health Comment: Body Weight and Weight Loss

-Mike Heyl

The trend for students identifying themselves as slightly or very overweight has remained consistent at around 33% for over a decade. However, the percentage of high school students identifying themselves as having exercised in the past 30 days to lose weight exceeds 40%. This suggests that there is another reason other than health for trying to change their body weight. In nearly every response of the survey regarding body weight and behaviors, girls are more likely than boys to have an unhealthy view of their body weight and exhibit behaviors directed at changing their body weight. While a significant number of high school students need to be concerned with their body weight and develop positive behaviors to reduce their body weight, too many are focusing on their body weight for cosmetic or body image reasons and not for health reasons.

Looking over the past 10 years at the rate of high school students that identified themselves as currently trying to lose weight, girls have been three times more likely than boys to identify themselves in that manner. However, in that same time period, girls have been only twice as likely to identify themselves as being slightly or very overweight. In turn, girls are also twice as likely that boys to claim they have exercised in the past 30 days to lose weight and three times more likely to have dieted in the past 30 days to lose weight.

Healthy eating behaviors, similar to physical activity behaviors, start at a young age. The youth of Lancaster County model behavior that they see in their homes and make nutritional choices based on what is offered for meals and snacks at their schools. For these reasons, it is most important to create more environments that provide healthy eating choices to positively affect the lifelong health outcomes of youth in our community.